

MONROE COUNTY HUMAN SERVICES ADVISORY BOARD Application for Funding Fiscal Year 2012

October 1, 2011 - September 30, 2012

| Agency Name | The Florida Keys Children's Shelter |
|--|-------------------------------------|
| Physical Address | 73 High Point Road |
| Mailing Address | 73 High Point Road |
| City, State, Zip | Tavernier, FL. 33070 |
| Phone | 305-852-4246 Ext.233 |
| Fax | 305-852-6902 |
| Email | bmann@fkcs.org |
| Who should we contact with questions about this application? | Bill Mann |

| Amount received for prior fiscal year ending 09/30/10 | \$146,500 |
|---|-----------|
| Amount received for current fiscal year ending 09/30/11 | \$146,000 |
| Amount requested for upcoming fiscal year ending 09/30/12 | \$150,000 |

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to a false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

| Signature Kathley July |
|--|
| Date: April 18,2011 |
| Typed Name of Board President/Chairman: Rick Ramsey , Vice Chair |
| Signature Mislard a Clamsof |
| Date: |

Typed Name of Executive Director: Kathleen Tuell

Detailed instructions for each question appear in the separate instruction document.

- 1. Insert your agency's board-approved mission statement below. Safe Kids, Strong Families and a Healthy Community
- 2. List the services your agency provides. Emergency Shelter (10-17yrs old), Emergency Shelter (10-17yrs old), Emergency Shelter (infant 10yrs old), Group Home (11-17yrs old), Community Based Counseling (children and their families), Street Outreach Program (Runaway and Homeless Street Youth)
- 3. What services will be funded by this request? Monroe County fiscal support is the single most important and consistent community match for continuation of current contract dollars and services to local children, youth and families and provides general operating dollars that ensures access to a safe and nurturing residential environment. The money will serve as the community contribution required by the various contracts the agency receives and will be used for general agency operations. Contracts from state agencies are given out based on the allocations of funding made available to each state agency as opposed to actual costs per service. The local community is therefore expected to fund the difference via community contribution.
- 4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

- 5. Will County HSAB funds be used as match for a grant? No (see question 7. b.)
- 6. If you answered "yes" to number four, please specify the:
 - a. grant award title, granting agency, and purpose: N/A
 - b. grant amount: N/A
 - c. match percentage requirement and amount: N/A
- 7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:
 - a. how the funds were spent

The \$146,000 awarded to the Florida Keys Children's Shelter last year by Monroe County was used for general agency operations in combination with state contract dollars to run the Florida Keys Children's Shelters residential and non residential programs.

- b. how they were used to leverage additional funding. County funds are not used directly as match for a grant, however county funds are used to match contracts as previously stated such as the \$633,228 brought into Monroe County through the agency's CINS/FINS contract this year and allow us to use unrestricted private donations or other grant requests as match for our two Health and Human services Federal grants; the Basic center Grant for \$150,000 and the Street outreach grant for \$100,000 which both require a 10% match. In total the \$146,000 from Monroe County last year was used to leverage \$1,289,719 million in funds.
- 8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

 No
- 9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

 No
- 10.Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F. Yes; the Florida Keys Children's Shelter applied for the Sheriff's Shared Asset Forfeiture Fund and was recommended to receive \$9,529.00.
- 11. What needs or problems in this community does your agency address? FKCS is the only provider in the county of professional, licensed residential services for youth, newborn to 17 years of age, who are abused, abandoned, neglected, runaway, truant, ungovernable or at-risk. The six-bed group home at the Poinciana Apartments will also support youth who are making successful transitions into college or vocations past their 18th birthday as allowed per law. The agency also provides crisis intervention to local runaway, truant and ungovernable youth and families at-risk of the above issues. The agency is the DJJ contracted provider of the statutorily-mandated CINS case staffing committee, which may petition the court to find a Child In Need of Services (CINS) and to mandate services the child or family may need to resolve issues. Runaway and homeless youth, living on the streets, and issues they must deal with.
- 12. What statistical data support the needs listed in number eleven?

(If applying for \$5,000 or less, a response to question #13 is not required.) According to the Department of Juvenile Justice statistics, 516 Monroe County Youth were referred for delinquency in the 2008-2009 fiscal year. According to the 2009 census reports there are 11,918 children living in Monroe County and according to the Department of Children and Families the 2008-2009 rate of abuse allegations for Florida is 52 out of 1000children, meaning on average there are allegations of abuse to Monroe county Children of approximately 625 per year. Investigations that are substantiated often require the placement of children in emergency shelters for their own safety. The National Runaway Switchboard's 2006 report estimates that between 1.6 million and 2.8 million youth run away per year. They also find that youth age12 to 17 are at higher risk for homelessness than adults. The National Center for Missing and Exploited Children's 2008 annual report estimates that more than 2,000 children are believed to be reported missing every day and the odds of a child being sexually victimized before adulthood are one in five for girls and one in ten for boys. The CyberTipline, which serves as the nations system for reporting suspected sexual exploitation, received more than 102,000 reports for 2008. In 2008 there were 38,131 sexual predators/offenders registered in the State of Florida. Currently 124 of those reside in Monroe County according to the Florida Department of Law Enforcement. According to the

National Incidence Studies of Missing, Abducted, Runaway and Thrown away Children, it was

estimated in 1999 that 1,682,900 youth nationwide had a runaway/throwaway episode. Of those, 37 percent were missing from their caretakers and 21 percent were reported to authorities for the purpose of locating them. Of the runaway/throwaway total, 71 percent could have been endangered during their runaway/throwaway experience. The Key West Homeless Service Coalition, known as the Southernmost Homeless Assistance League (SHAL) did a point-in-time survey of homeless persons in Monroe County in January 2011. They counted more than 1,635 homeless people living in Monroe County. During this one-day count, 187 were identified as children under 18 years of age.

13. What are the causes (not the symptoms) of these problems?

(If applying for \$5,000 or less, a response to question #13 is not required.)

There are multiple causes to the problems that are dealt with by the Children's Shelter. These include negative family dynamics, mental health issues, and the inability of parents and/or children to cope with the stress in a healthy manner. Causes of homeless youth fall into three interrelated categories: family problems, economic problems, and residential instability.

14. Describe your target population as specifically as possible.

For the purposes of this grant our residential facilities serve both male and female children ranging in age from 0-17years from anywhere within the County. Our programs serve abused, neglected, at-risk, homeless, ungovernable and runaway youth. Counseling will frequently include the children's family.

- 15. How are clients referred to your agency?
- Clients for residential CINS/FINS Services may be self referred, referred by a school teacher or resource officer, by the parents or any other involved friend or professional. The agency also frequently receives referrals from other agencies such as the Department of Juvenile Justice or the Care Center through its Family Service Planning Team. Runaway and Homeless youth are often self referred or referred by law enforcement. Clients for our other residential programs are referred and placed by Wesley House Family Services who is the Full Case Management agency for dependent children in Monroe County.
- 16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Programs use contract mandated intake and assessment forms and criteria to ensure that they are reaching the most at-risk populations.

17. Describe any networking arrangements that are in place with other agencies. The agency has a strong history of partnering with the following agencies; this is more than just for referrals but includes interagency meetings and coordination of services and case management ensuring the youth are receiving the best possible outcomes: Family Services Planning Team (FSPT), Department of Juvenile Justice (DJJ), The Care Center for Mental Health, Key West Police Department, Monroe county Sheriff's Department, Intensive Delinquency Diversion Services operated by the Sheriff's Dept. (IDDS), Wesley House Family Services, The Guardian Ad Litem program and Drug Court. The agency attends various meetings with these organizations on a regular basis and is an active member of the Community Alliance and the Southernmost Homeless Assistance League (SHAL) in order not to duplicate homeless services with other providers. The agency also has a strong relationship with the Monroe County School Board and has counselors located or working in Horace O'Bryant, Sugar Loaf, Key Largo, Key West High School, Marathon High School and Coral Shores High School.

18. List all sites and hours of operation.

Residential Services: (Serving the entire county)

Jelsema Center, 73 High Point Road, Tavernier, FL 33070 (open 24 hrs/7days)

Poinciana Emergency Home, 1621 Spalding Court, Key West, FL 33040 (open 24 hrs/7days)

Poinciana Group Home, 1621 Spalding Court, Key West, FL (open 24 hrs/7days)

Non-residential Services:

Community-based counselors have offices in four county schools: Coral Shores High School, Marathon high School, Key West High School and Horace O'Bryant Middle School and work in other local schools as needed. While the community-based counselors are primarily available during regular school hours, it is expected that they will work with clients and families at the convenience of the parents, which is most often in the evening and on weekends.

Project Light House, street outreach program, 418 Eaton Street, Key West, FL 33040 (open M-F 10 A.M.-6 P.M. and varying hours on nights and weekends, also has a 24hrs/7days contact for emergencies)

Administrative Offices:

73 High Point Road Tavernier, FL 33070 (Office hours M-F 9 A.M. - 5 P.M.)

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

The CINS/FINS contract through The Florida Department of Juvenile Justice is our largest single source of revenue. The funds have decreased or have remained the same over the past several years as operating costs continue to rise with inflation; we received a 6.8% reduction amounting to a loss of \$45,000 in the previous fiscal year and anticipate more possible reductions in the next fiscal year. We also anticipate other funding sources to remain constant or decrease as the costs related to operations increase. We continue to maintain and build relationships with our partners in order to keep and when possible expand or grow our contracts and grants while looking for alternative sources of revenue. The Florida Keys Children's Shelter has also expanded its development program in an effort to obtain more private support. Costs will continue to escalate and in response we are constantly working to control our expenses i.e all staff bonuses were frozen for the year, staff positions were reevaluated and restructured to combine positions and reduce overhead.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

As with other agencies and businesses in the Florida Keys, we expect to face a dwindling amount of qualified staff due to rising cost of living and lack of workforce housing. We aggressively advertise out of the county to entice qualified individuals. We are also currently exploring sharing staff with other agencies and creative solutions to housing. We have recently begun a cooperative program with the Southeastern Network of youth and Family Services to sponsor AmeriCorps member volunteers at our agency.

- 21. How are clients represented in the operation of your agency? Youth have a residential council or groups which allow them to make suggestions and air general grievances to the programs. In addition, there is one Youth Board Member position on the Board of Directors.
- 22. Is your agency monitored by an outside entity? If so, by whom and how often?
 (If applying for \$5,000 or less, a response to question #22 is not required.)
 Yes. DCF annually. DJJ Annually. COA every 4 years. Fl Network of Youth and Family Services Monthly, quarterly, and annually. Federal Department of Health and Human Services, Once every 3 years. Dept. of Transportation, Bi-annually, FL. Dept of Agriculture and Florida Dept. of Ed. Annually. Quarterly Health and Fire inspections
- 23. <u>1821.75</u> hours of program service were contributed by <u>76</u> volunteers in the last year.
- 24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?
- 25. What measurable outcomes do you plan to accomplish in the next funding year? Benefits for participants during and after program activities:1. Changed attitudes and/or value 2. Changed behavior 3. Improved condition 4. Remain free of incidents of abuse or neglect while in the program
- 26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)
Both the Residential and Community Based Counseling Programs produce quarterly "Aggregate Outcomes Reports". The Continuous Quality Improvement committee reviews these and any necessary recommendations are made. These reports are summarized annually for the agency's board of directors and results are made available to the public via the agency's Annual Report. The agency has just begun using a new data management system called Efforts to Outcomes (ETO) which will be used to generate regular outcome reports.

26. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

| \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
|---|--|------------------------------|
| | Unit (hour, session, day, | |
| Service | etc.) | Cost per unit (current year) |
| Residential Care | Day | \$129.46 |
| Community Based | A commence of the second secon | T-L-J, I |
| Counseling | Hour | \$52.00 |

27. In 300 words or less, address any topics not covered above (optional). FKCS operates the only licensed emergency shelters and group home for children and youth in the Florida Keys. The agency will serve approximately 140 children and youth residentially in the next year with stays ranging from a few days to the entire year. The Florida Keys Children's Shelter receives funding through state contracts to operate the various licensed residential facilities. These

contracts provide funding for beds ranging from \$65 to \$110 dollars per bed per day. Without FKCS to stand in the gap, with the help of the local community, the majority of these families and children would have no place to go and would have to await placement outside the county. This would hinder reunification efforts and lead children and families deeper into the system, destroying lives and costing the tax payers more in the long run.

Required Attachments

Required attachments were distributed to you as a <u>separate document</u>. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

| LABEL AND ATTACH THE FOLLOWING IN THE ORDER | | | |
|--|-------|-------|-----------------------------------|
| SHOWN, AFTER THIS PAGE | ATTAC | CHED? | COMMENTS |
| IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN | YES | NO | You must explain any "NO" answers |
| A. Board Information Form | Х | | |
| B. Agency Compensation Detail | Х | | |
| C. Profile of Clients and Services | Х | | |
| D – F. Financial Information | Х | | |
| G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater. | х | | |
| H. Copy of IRS Form 990 from most recent fiscal year | Х | | |
| I. Copy of current fee schedule | | X | N/A |
| J. Copy of IRS Letter of Determination indicating 501 C 3 status | Х | | |
| K. Copy of Current Monroe County and City Occupational Licenses | Х | | |
| L. Copy of Florida Dept. of Children And Families License or Certification | Х | | |
| M. Copy of any other Federal or State Licenses | | Х | N/A |
| N. Copy of Florida Dept. of Health Licenses/Permits | Х | | |
| O. Copy of front page of Agency's EEO Policy/Plan | Х | | |
| P. Copy of Summary Report of most current Evaluation/Monitoring * | Х | | |
| Q. Data showing need for your program (optional, see question 7) | | X | see question #12 |
| R. Other (specify) TWO PAGE LIMIT | X | | |

 $^{^{}st}$ must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

FY12

Florida Keys Children's Shelter

1/1/2012 1/1/2012 1/1/2012 1/1/2012 1/1/2012 1/1/2012 1/1/2012 enter your agency name in D-3 above and it will automatically appear in subsequent sheets) **Expiration Date** Current Term 7 9 3 2 2 Years Served Telephone No. 305-664-4483 305-367-4243 305-296-2639 305-292-7048 305-292-7002 305-743-3684 305-393-4500 Islamorada, FL Key Largo, FL Key Largo, FL Marathon, FL Key West, FL Marathon, FL Marathon, FL Captain, Monroe County Sheriff's Entreprenuer School Board Member, Charter All Things Industrial, President Undersheriff, Monroe County TIB Bank, Vice President Affiliation/Title Student Representative Sheriff's Department Boat Captain You must have at least five directors. Colonel Rick Ramsay, Vice Chair Name/Board Position Hon. Kym Collins, Treasurer Kurt Rockenbach, Chair Kenneth A. Griffiths, Jr. Jay Rourke, Secretary Marina Kay Wiatt Donald Hiller

^{**}ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took



Feb 3, 2011

Call to Order @ 5:30pm by Rick Ramsey, Chair Roll Call @ 5:39 pm by Rick Ramsey

There was a quorum present.

Board Present:

Kurt Rockenbach, Chair Kym Collins, Treasurer - phone Jay Rourke, Secretary – phone Rick Ramsey Don Hiller Marina Kay Wiatt Andy Griffith

Board Absent:

none

Staff Present:

Kathy Tuell, President & CEO
Dave Bley, Chief Financial Officer
Janey Wawerna, Chief Development Officer
Bill Mann, Chief Operating Officer
Ben Kemmer, Chief Learning and Evaluation Officer
Sheila Doerr, Executive Administrative Assistant

Voting:

Approval of Consent Agenda (1

(Minutes, Financials, Agenda)

Motion: Don Hiller Second: Jay Rourke All in Favor

Approved

Old Business:

Education Initiative - Kathy Tuell and Janey Wawerna

Janey – A strong partnership is developing with University of Miami (UM). The January meeting had a mix of students – undergraduates, graduates and professors. On February 11, there will be a debriefing session via phone conferencing. UM is compiling the January meeting results. We will have the opportunity to provide our input. On Tuesday, Feb 1, 2011, we attend a presentation at UM. The guest speaker, Victor Becerra, University of California – Irvine, is an expert in higher education and community collaborations .

Kathy – as this relationship develops, it is of importance to realize that this is just as much about UM (students and their programs) as it is about FKCS. The initial part of this developing relationship is

that there is a benefit to them as well as us. Most of the work accomplished, was about how to define issues. Kathy stated she discussed with Dr. Evans that one of the difficulties we have in allowing students to exercise their creative thinking, was refraining from saying "we've already tried that, done that." This is a learning curve for us as well but very exciting and Dr. Evan's personal goal is to have a long term relationship with us.

New Business:

Vision and Mission Statement – Kathy Tuell – handout provided. 2 elements of a vision statement:

- Can be remembered
- Must be broad enough to bring in new programs as opportunities present themselves

Our Mission Statement is Safe Kids, Strong Families, Healthy Communities
After review and discussion of the current mission and vision statements the chair, Kurt Rockenbach asked for a motion to accept the current statements as presented.
Motion from Rick
Second from Kim

Annual Discussion of Organizational Ends -

Kathy Tuell reminded the board of the importance of an annual review of policy which helps us meet our organizational ends. She shared two recommended policies for review – see attached 1.01 and 1.01a

Motion to Accept – Rick Ramsey Second by Andy Griffiths All Approved

Kathy presented the "Ends Policy – Draft" and suggested that it be posted on the Results Page of our web site in a community friendly format

Annual Election of Officers – Chairman, Kurt R presented the slate of officers for the coming year (list)

- Kurt Rockenbach Chairman
- Rick Ramsey Vice Chair
- Jay Rourke Secretary
- Kym Collins Treasurer
- Marina Kay Wiatt Student Advocate

Rick motioned to accepts Andy Second All Approved

Quarterly Review of Major Budget Variances - Dave Bley discussed Quarterly Review of Major budget variances and budget cash flow analysis – see attached docs.

Cash flow has been difficult because contracts are paying at a slower rate and at year to date (12-31-10) general donations are down approx \$39K. Restricted donations are up approximately \$15K.

Additional update re: contract funding - The Runaway and Homeless Youth funding (Project

Lighthouse) could be in jeopardy based on issues dealing with budget cuts at the federal level.

Florida Network - Bill Mann reviewed our contractual benchmarks. We are above performance goals in all areas. The board praised the team for outstanding work.

Mayors Ball Update – Janey Wawerna reported that the Mayors Ball was well attended with a record guest count of 190. We were very pleased to have in attendance to have leaders from the City of Key West and Key West military branches. We enjoyed a four page spread in local press and post event mentions in other media.

Janey continued with an update on other development activities – Black and White Ball March 5, at Jimmy Johnson's Big Chill. It is our hope to have celebrities present.

Further development news - The Annual/Gratitude Report has been printed and is being distributed.

Education Initiative news — We received a \$15K matching grant. To receive the full \$15K we must raise \$5K. Janey asked the board to make donations towards the \$5K goal. This will be helpful when reporting to the Eckerd Foundation April 1. The EFF has a requirement of 100% board participation in the funding of grants they are contributing to. Donating to this \$5,000 match would be a supportive move on the Boards part that would be helpful to future funding.

Other Grants Pursuit

Ocean Reef Foundation -\$28K for Polycom System. This system is essential to the education initiative and will also provide for web based care for our clients.

4 projects are under consideration with The Keys Children's Foundation –

- Partial salary for 2 positions
- Funding for ETO Software System
- Additional dollars for the Education Initiative.

Bill Mann also reported that we have requested \$10Kt from the Sheriff's Shared Asset Fund.

Janey stated due to the general downturn of donations we may be eligible for BP funds – Janey and Dave are preparing a request for \$60K to be submitted to the BP funding group.

We will have a 3rd Special Event at Ocean Reef on April 7- We are hoping the board will join us.

Gifts in Kind update - An anonymous Ocean Reef donor has sponsored our agency. We will receive up to \$20K in product donation through Gifts in Kind. Because Home Depot partners with Gifts in Kind, we have also been approved to receive \$25K in Home Depot products. We have their commitment to receive paint for the exterior of the building. We are looking for volunteers to help us paint. Janey reported that 15 volunteers from Calvary Church in Ft Lauderdale visited Jelsema on Jan. 29 and spent the day doing many projects including cement and stucco patching and repair, misc. painting and general clean up.

Meeting Adjourned at 6:50pm

A

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.

Florida Keys Children's Shelter

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

| | | | ed - Upcoming or Ending: | Projected - Current Year Ending: 6/30/2011 | | |
|-------------------------------------|-----|---------|----------------------------------|--|----------------------------|--|
| | | | 30/2012 | | | |
| Position Title | "X" | # FTE'S | Total Compensation Package | # FTE'S | Total Compensation Package | |
| President & CEO | X | 1.00 | 70,000 | 1.00 | 70,000 | |
| Chief Operating Officer | X | 1.00 | | 1.00 | 50,000 | |
| Chief Financial Officer | X | 1.00 | 50,000 | 1.00 | 50,000 | |
| Chief Development Officer | | 1.00 | 50,000 | 1.00 | 50,000 | |
| Chief Learning & Evaluation Officer | X | 1.00 | 45,000 | 1.00 | 45,000 | |
| Counseling Services Coordinator | | 1.00 | 45,000 | 1.00 | 45,000 | |
| Jelsema Program Coordinator | | 1.00 | 40,000 | 1.00 | 40,000 | |
| Program Lighthouse Coordinator | | 1.00 | | 1.00 | | |
| Executive Administrative Assistant | X | 1.00 | | 1.00 | | |
| Community Based Counselors | | 2.00 | | 2.00 | | |
| Residential Counselor | | 1.00 | | 1.00 | 36,000 | |
| Houseparents | 1 1 | 6.00 | | 6.00 | | |
| Food Service Manager | | 1.00 | | 1.00 | 26,000 | |
| Maintenance Coordinator | _ | 1.00 | | 1.00 | | |
| Outreach Worker | - | 1.00 | | 1.00 | | |
| Youth Advocate | | 1.00 | | 1.00 | | |
| Team Leaders | - | 3.00 | | 3.00 | | |
| Youth Support Staff | _ | 7.00 | | 7.00 | | |
| | | | | | | |
| Totals | 5 | 32.00 | 996,000 | 32.00 | 995,000 | |

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

This attachment has changed; please note asterisked information at the bottom of page. Delete or type over sample information shown.

Florida Keys Children's Shelter

| List Services Here | Target Population | # of Persons in Target Population | Area | Days/Hours | Total Number of Clients Served during most recent completed fiscal year | Current # of Clients ("snapshot") as of 03/31/11 |
|---|--|---|-----------------|--|---|---|
| Shelter Services | Abused, neglected, at-risk, homeless, ungovernable and runaway youth, male and female ages 0-17 | 920 | 650 county-wide | S | 142 total 136 from Monroe County | 23 total 21 from Monroe County |
| Community Based | At-risk, homeless, ungovernable and runaway youth, male and female ages 10-17 | 200 | 500 county-wide | weekdays 8:00 AM - 5:00 PM and as needed nights and weekends | 151 all from Monroe county | 33 all from Monroe County |
| Street Outreach | Runaway and homeless youth, male and female up to 21 years of age | 200 | 500 county-wide | Weekdays 10:00am- 6:00pm & various nights and weekends | 461 all from Monroe County | 86 all from Monroe County |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Unduplicated Clients for Entire Agency (see instructions - this is not a total of the | Unduplicated Clients for Entire Agency (see instructions - this is not a total of the numbers above) | | | | 687 | 140 |

Please indicate the number of clients served who are Monroe County residents:

681

Please list or describe achieved outcomes for your target populations:

100% of youth remained free of abuse and neglect while in sheltered care.

97% of sheltered youth were transitioned to permanent housing

Over 85% of youth and families agreed or strongly agreed with the statements:

"I believe that my family and I are better able to make positive changes in our lives". "So far, our counseling has helped me and my family."

"I feel safe here"

'our counselor understood how I felt about things"

"The staff addressed my counseling needs as soon as possible"

"our counselor respected my thoughts and feelings"

"I was able to get services from this program in a reasonable amount of time"

"I was regularly informed about services and plans for me and my family"

ATTACHMENT D - COUNTY FUNDING BUDGET

FY12

Show the proposed budget detail for the County funds requested. Florida Keys Children's Shelter The total must match with the total funding requested.

| | Proposed Expense Budget for Upcoming Year Ending: | | | | |
|--|--|--------|--|--|--|
| | 6/30/2012 | MARK! | | | |
| yroll Taxes Inployee Benefits Instage Ifice Supplies Idephone Instage Idephone Instage Idephone Idep | Total | % | | | |
| Salaries | 135,600 | 90.4% | | | |
| Payroll Taxes | 11,400 | 7.6% | | | |
| Employee Benefits | 3,000 | 2.0% | | | |
| Subtotal Personnel | 150,000 | 100.0% | | | |
| Postage | | 0 | | | |
| Office Supplies | | 0 | | | |
| Telephone | | 0 | | | |
| Professional Fees | | 0 | | | |
| Rent | | 0 | | | |
| Utilities | | 0 | | | |
| Repair and Maint. | | 0 | | | |
| Travel | | 0 | | | |
| Miscellaneous | | 0 | | | |
| Grants to Other Organizations | | 0 | | | |
| List others below | | 0 | | | |
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| | | 0 | | | |
| | | 0 | | | |
| | | C | | | |
| | | C | | | |
| | | 0 | | | |
| Total Expenses | 150,000 | 100.0% | | | |

Complete this worksheet for the entire agency. Please round all amounts to the nearest dollar.

Florida Keys Children's Shelter

| | Proposed Expense Bud Upcoming Year Endi | | Projected Expenses for Current Year Ending: | | | |
|-------------------------------|--|-------|--|--------|--|--|
| | 6/30/2012 | Bibli | 6/30/2011 | | | |
| Expenditures | Total | % | Total | % | | |
| Salaries | 975,000 | 53% | 963,003 | 53% | | |
| Payroll Taxes | 92,000 | 5% | 90,542 | 5% | | |
| Employee Benefits | 170,000 | 9% | 163,531 | 9% | | |
| Subtotal Personnel | 1,237,000 | 67% | 1,217,076 | 67% | | |
| Postage | 7,000 | 0% | 7,000 | 0% | | |
| Office Supplies | 5,500 | 0% | 5,500 | 0% | | |
| Telephone | 30,000 | 2% | 30,000 | 2% | | |
| Professional Fees | 45,000 | 2% | 55,000 | 3% | | |
| Rent | 75,000 | 4% | 70,000 | 4% | | |
| Utilities | 47,000 | 3% | 47,000 | 3% | | |
| Repair and Maint. | 32,000 | 2% | 32,000 | 2% | | |
| Travel | 20,000 | 1% | 22,000 | 1% | | |
| Miscellaneous | 1,000 | 0% | 1,000 | 0% | | |
| Grants to Other Organizations | | 0 | | 0 | | |
| List others below | | 0 | | 0 | | |
| Fundraising | 10,000 | 1% | 10,000 | 1% | | |
| Insurance | 35,000 | 2% | 35,000 | 2% | | |
| Dues & Subscriptions | 18,000 | 1% | 18,000 | 1% | | |
| Printing & Reproduction | 10,000 | 1% | 10,000 | 1% | | |
| Program Supplies & Expense | 140,000 | 8% | 140,000 | 8% | | |
| Food | 60,000 | 3% | 60,000 | 3% | | |
| Advertising | 3,000 | 0% | 3,000 | 0% | | |
| Depreciation | 60,000 | 3% | 60,000 | 3% | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| | | 0 | | 0 | | |
| Total Expenses | 1,835,500 | 100% | 1,822,576 | 100% | | |
| Revenue Over/(Under) Expenses | 0 | | (27,088) | CHARLE | | |

ATTACHMENT F - AGENCY REVENUE

FY12 Florida Keys Children's Shel

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

| | The second secon | enue Budget Year Ending | t for Upcoming | Projected R | evenue for 0 Ending: | Current Year | |
|----------------------------|--|----------------------------|--|-------------|-------------------------|--|--|
| | 6/30/2012 | | | 6/30/2011 | | | |
| Revenue Sources | Cash | In-Kind | %-age of Total | Cash | In-Kind | %-age of Total | |
| Monroe County | 146,125 | | 8% | 146,125 | | 8% | |
| Children and Fam | 352,000 | | 19% | 352,000 | | 20% | |
| M.C. Sheriff's Dept. | | | 0% | | | 0% | |
| Key West | | 80,000 | 0% | | 80,000 | 0% | |
| Marathon | | | 0% | | | 0% | |
| Islamorada | | | 0% | | | 0% | |
| Layton | | | 0% | | | 0% | |
| Key Colony Beach | | | 0% | | | 0% | |
| Client fees | | | 0% | | | 0% | |
| Donations | | | 0% | | | 0% | |
| Sheriff Shared Asset | 9,529 | | 1% | 9,529 | | 1% | |
| United Way | | | 0% | | | 0% | |
| List all others below | | | 0% | | | 0% | |
| CINC/FINS (DJJ) | 650,341 | | 35% | 650,341 | | 36% | |
| Title IV-E & Match (DJJ) | 37,378 | | 2% | 37,378 | | 2% | |
| US HHS Basic Ctr Grant | 150,000 | | 8% | 150,000 | | 8% | |
| US HHS Project Outreach | 100,000 | | 5% | 100,000 | | 6% | |
| Nutrition | 10,000 | | 1% | 10,000 | | 1% | |
| SHAL | 7,000 | | 0% | 7,000 | | 0% | |
| Restricted Contributions | 99,500 | | 5% | 99,500 | | 6% | |
| Unrestricted Contributions | 188,615 | | 10% | 188,615 | | 11% | |
| Special Events | 70,000 | | 4% | 30,000 | | 2% | |
| Unrealized Gain on Investr | 15,012 | | 1% | 15,000 | | 1% | |
| | | | 0% | | | 0% | |
| | | | 0% | | 7. | 0% | |
| | | | 0% | | | 0% | |
| | | | 0% | | | 0% | |
| | | | 0% | | | 0% | |
| | | | 0% | | | 0% | |
| | | | 0% | | | 0% | |
| | | | 100% | | | 100% | |
| Total Revenue | 1,835,500 | 80,000 | CONTRACTOR OF THE PERSON OF TH | 1,795,488 | 80,000 | DATE OF THE OWNER, THE | |

FLORIDA KEYS CHILDREN'S SHELTER, INC.

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEAR ENDED JUNE 30, 2010

FLORIDA KEYS CHILDREN'S SHELTER, INC. FINANCIAL STATEMENTS JUNE 30, 2010

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MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A HOWARD J. MAGRAM, C.P.A. MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S FLORIDA INSTITUTE OF C.P.A.'S

INDEPENDENT AUDITOR'S REPORT

To The Board of Directors
Florida Keys Children's Shelter, Inc.
Tavernier, Florida

We have audited the accompanying statement of financial position of the Florida Keys Children's Shelter, Inc. as of June 30, 2010 and the related statement of activities, cash flows and functional expenses for the year then ended. These financial statements are the responsibility of the Florida Keys Children's Shelter, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Florida Keys Children's Shelter, Inc. as of June 30, 2010, and the changes in its net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u> we have also issued a report dated October 16, 2010 on our consideration of the Florida Keys Children's Shelter, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and should be considered in assessing the results of our audit.

Magram + Magram, P. C., MAGRAM & MAGRAM, P.A.

October 16, 2010

FLORIDA KEYS CHILDREN'S SHELTER, INC. STATEMENT OF FINANCIAL POSITION JUNE 30, 2010

ASSETS

| CURRENT ASSETS Cash and cash equivalents Grants and contracts receivable Prepaid expenses | \$ | 58,823 245,681 24,410 | | |
|---|---|-----------------------------|-------------------------|-----------|
| Total Current Assets | | | \$ | 328,914 |
| Property and Equipment, net of \$770,690 accumulated depreciation | | | | 803,297 |
| Investments | | | | 140,139 |
| Other Assets | | | \$900 deligion maritima | 7,477 |
| TOTAL ASSETS | | | \$ | 1,279,827 |
| LIABILITIES AND | NET ASSETS | | | |
| CURRENT LIABILITIES | | | | |
| Line of credit | \$ | 50,000 | | |
| Accounts payable | | 18,771 | | |
| Accrued expenses | *************************************** | 180,381 | | |
| Total Current Liabilities | | | \$ | 249,152 |
| Net Assets | | | | |
| Unrestricted | | 966,012 | | |
| Temporarily restricted | | 14,663 | | |
| Permanently restricted | -ty-re-regional and re-re-record | 50,000 | | |
| Total Net Assets | | | *Policopych/street-ed | 1,030,675 |
| TOTAL LIABILITIES AND NET ASSET | S | | \$ | 1,279,827 |

The accompanying notes are an integral part of these financial statements.



FLORIDA KEYS CHILDREN'S SHELTER, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2010

| REVENUE & SUPPORT | | |
|---|--|---|
| Federal awards | \$ | 333,394 |
| State financial assistance | | 698,442 |
| Other grants and contracts | | 540,950 |
| Special events | | 38,022 |
| In-kind contributions | | 76,840 |
| Contributions | | 194,377 |
| Interest and dividends | | 4,328 |
| Loss on sale of asset | | (15,723) |
| Unrealized gain on investments | | 13,515 |
| Net assets released from restrictions | | 25,491 |
| | | - A CONTRACTOR OF THE PARTY OF |
| Total Revenue and Support | ann ann de region de la constante de la consta | 1,909,636 |
| EXPENSES | | |
| Program Services | | |
| Jelesma Emergency Shelter | | 94,085 |
| Jelesma CINS/FINS Temporary Shelter | | 624,359 |
| Poinciana Emergency Shelter | | 182,560 |
| Poinciana Group Home | | 211,268 |
| Community Based Counselors | | 247,624 |
| Jelesma Counselors | | 58,963 |
| Project Lighthouse | | 103,049 |
| Jelesma Runaway & Homeless Shelter | | 165,956 |
| Total Program Services | ggrogragada | 1,687,864 |
| Support Services | | |
| Management and general | | 84,482 |
| Fund raising | ********** | 99,877 |
| Total Support Services | *************************************** | 184,359 |
| Total Expenses | THE RESIDENCE OF THE PERSON OF | 1,872,223 |
| INCREASE IN UNRESTRICTED NET ASSETS | | 37,413 |
| TEMPORARILY RESTRICTED NET ASSETS | | |
| Contributions | | 29,100 |
| Net assets released from restrictions | *** | (25,491) |
| Increase in Temporarily Restricted Net Assets | **** | 3,609 |
| INCREASE IN NET ASSETS | | 41,022 |
| NET ASSETS, beginning of year | Sar oppywon | 989,653 |
| NET ASSETS, end of year | <u>\$</u> | 1,030,675 |

FLORIDA KEYS CHILDREN'S SHELTER, INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2010

| CASH FLOWS FROM OPERATING ACTIVITIES: | | | |
|---|--------------|---|----------|
| Increase in Net Assets | \$ 41,022 | | |
| Adjustments to reconcile decrease in net assets to net cash | | | |
| provided by operating activities: | | | |
| Depreciation | 58,555 | | |
| Change in unrealized gain on marketable securities | (13,515) | | |
| Loss on sale of asset | 15,723 | | |
| Changes in assets and liabilities: | | | |
| Increase in grants and contracts receivable | (74,157) | | |
| Decrease in prepaid expenses | 15,213 | | |
| Increase in accounts payable | 3,066 | | |
| Increase in accrued expenses | 9,712 | | |
| Net Cash Provided By Operating Activities | | \$ | 55,619 |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | | |
| Purchase of property and equipment | (80,823) | | |
| Purchase of securities | (3,615) | | |
| Sale of asset | 800 | | |
| Net Cash (Used) By Investing Activities | | *************************************** | (83,638) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Borrowings on line of credit | | wayanaan | 50,000 |
| NET INCREASE IN CASH AND CASH EQUIVALENTS | | | 21,981 |
| CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR | | quagronus successions | 36,842 |
| CASH AND CASH EQUIVALENTS - END OF YEAR | | <u>\$</u> | 58,823 |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION: | | e | 2 0/1 |
| Cash paid for interest | | \$ | 2,941 |

The accompanying notes are an integral part of these financial statements.

FLORIDA KEYS CHILDREN'S SHELTER, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2010

| Jelesma | Jelesma | | | | | | | | | | |
|---------------------------|--|-----------------------------------|--|---|---|---|--|--|--|---|---|
| Emergency Shelter | CINS/FINS Temporary Shelter | Poinciana Emergency Shelter | Poincians Group Home | School Based Counselors | Jelesma Counselors | Project Lighthouse | Jelesma Runway & Homeless Shelter | Total | Management and General | Fund Raising | Total |
| 49,066 S 13,310 | 350,130 \$ 94,984 | 83,687 \$ 20,334 | 93,092 1 | 140,178 S 32,752 | 36,298 \$ | 64,205 S 16,068 | 102,266 \$ 22,378 | 918,922 S 235,009 | 5 26,335 \$ | 50,412 S 10,805 | 995,669 251,098 |
| 62,376 | 445,114 | 104,021 | 120,251 | 172,930 | 44,322 | 80,273 | 124,644 | 1,153,931 | 31,619 | 61,217 | 1,246,767 |
| 3.621 | 25.840 | 15.875 | 21.779 | , | 068 | 155 | 669 \$ | 77 850 | 4 450 | 068 | 70 100 |
| 1,424 | 10,160 | 3,456 | 3,456 | 3,456 | 1,727,1 | 1,727 | 2,239 | 27,645 | 6,048 | 865 | 34,558 |
| 4,084 | 4,858 | 1,983 | 1,983 | 4,759 | 843 | 992 | 992 | 20,643 | 3,954 | 1,690 | 26,287 |
| 900'1 | 7,239 | 2,462 | 2,462 | 2,462 | 1,231 | 1,231 | 1,605 | 19,698 | 4,309 | 615 | 24,622 |
| 2,798 | 19,970 | 9,154 | 12,592 | 319 | | 204 | 4,402 | 49,439 | 788 | 839 | 990'15 |
| 624 | 4,451 | 1,302 | 2,297 | r | | 539 | 186 | 10,194 | • | | 10,194 |
| 1,971 | 14,067 | 4,254 | 4,254 | 4,254 | 2,127 | 490,1 | 3,101 | 35,092 | 5,314 | 2,127 | 42,533 |
| 8,764 | 62,539 | 24,559 | 26,700 | 17,570 | 4,377 | 13,927 | 15,788 | 174,224 | 17,572 | 29,806 | 221,602 |
| 2,571 | 18,348 | 5,874 | 5,874 | 5,874 | 2,937 | 2,937 | 4,044 | 48,459 | 8,628 | 1,468 | 58,555 |
| 4,846 | 11,773 | 9,620 | 6,620 | 36,000 | 360 | • | 2,461 | 74,680 | 1,800 | 360 | 76,840 |
| 1. 00L | 370 375 | 000 | ř | 25 | 17771 |) | , | | | 000 | |
| 21,03 | CFA-711 | 10,237 | 110'14 | 440*4/ | 14.4 | 0//'77 | 216,14 | 355,755 | 24,503 | 78,000 | 075,430 |
| 94,085 | 624,359 | 182,560 | 211,268 | 247,524 | 58,963 | 103,049 | 165,956 | 1,687,864 | 84,482 | 72,84 | 1,872,223 |
| 10,729 | 26,063 | 9,052 | 9,052 | 9,052 | 710,6 | 9,052 | 5,448 | 81,465 | (84,482) | 3,017 | |
| 104,814 \$ | | 191,612 \$ | 220,320 \$ | 256,676 \$ | \$ 086'19 | 112,101 \$ | 171,404 \$ | 1,769,329 \$ | \$ | 102,894 \$ | \$ 1,872,223 |
| | 1,971 8,764 2,571 4,846 31,709 94,085 10,729 | 8 | 14,067 4 62,539 24 118,348 5 11,773 9 179,245 78 624,359 182 626,063 9 | 14,067 4,234 62,539 24,539 18,348 5,874 11,773 9,620 179,245 78,539 624,359 182,560 26,063 9,052 650,422 \$ 191,612 \$ | 14,067 4,234 4,234 62,539 24,539 26,700 18,348 5,874 5,874 5,874 11,773 9,620 9,620 7,620 | 14,067 4,234 4,234 4,234 62,539 24,539 26,700 17,570 18,348 5,874 5,874 5,874 11,773 9,620 9,620 36,000 179,245 78,539 91,017 74,694 624,359 182,560 211,268 247,624 26,063 9,052 9,052 9,052 650,422 8 191,612 \$ 220,320 \$ 256,676 | 14,067 | 14,067 4,254 4,254 2,127 1,064 3,101 62,539 24,559 26,700 17,570 4,377 1,064 3,101 18,348 5,874 5,874 2,937 2,937 15,788 11,773 9,620 9,620 36,000 360 . | 14,067 4,254 4,254 2,127 1,064 3,101 62,539 24,539 26,700 17,570 4,377 1,964 3,101 18,348 5,874 5,874 2,937 2,937 4,044 11,773 9,620 9,620 36,000 360 - 2,461 179,245 78,539 91,017 74,694 14,641 22,776 41,312 624,359 182,560 211,268 247,624 58,963 103,049 165,956 1,666 650,422 5 191,612 5 220,320 5 256,676 5 61,980 5 112,101 5 171,404 5 1,750 650,422 5 191,612 5 220,320 5 256,676 5 61,980 5 112,101 5 171,404 5 1,750 624,359 624,359 626,756 7 103,049 165,956 1,660 650,422 5 191,612 5 220,320 5 256,676 5 61,980 5 112,101 5 171,404 5 1,750 650,422 5 191,612 5 220,320 5 256,676 5 61,980 5 112,101 5 171,404 5 1,750 624,359 6 | 14,067 4,234 4,234 4,234 2,127 1,064 3,101 35,092 62,539 24,539 26,700 17,570 4,377 13,927 15,788 174,224 18,348 5,874 5,874 2,937 2,937 4,044 48,439 11,773 9,620 9,620 36,000 360 . | 14,067 4,234 4,234 4,234 2,127 1,064 3,101 35,092 5,314 2,127 2,339 24,539 24,539 24,539 24,539 24,539 24,539 24,539 24,539 24,539 24,539 24,539 2,520 36,000 360 - 2,461 74,680 1,800 360 360 - 2,461 74,680 1,800 360 360 1,800 360 |

The accompanying notes are an integral part of these financial statements..

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of the Organization

Florida Keys Children's Shelter, Inc. (the "Organization") was incorporated as a nonprofit organization on November 21, 1985, in the State of Florida. The specific and primary purposes of the Shelter is to operate for the advancement of the well-being of abused and runaway children and other charitable purposes, by the distribution of its funds for such purposes and particularly for the operation of a shelter for abused and runaway children.

Basis of Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

All contributions received are considered to be available for unrestricted use unless specifically restricted by the donor. Any contributions received that are designated for future periods or are restricted by the donor for a specific purpose are reported as temporarily restricted or permanently restricted support that increases those respective net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Basis of Accounting

The Organization prepares its financial statements in accordance with U.S. generally accepted accounting principles, which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

Cash and Cash Equivalents

Cash and cash equivalents consist of all highly liquid investments with a maturity of three months or less.

Property and Equipment

Property and equipment acquisitions in excess of \$500 are recorded, at cost except for donated assets which are recorded at their estimated fair value at the date of donation. The costs of renewals and betterments are capitalized when the life of the property is materially extended. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets.

Investments

Investments are measured at fair value. Fair value is determined using the quoted closing or latest bid prices. Realized gains and losses are included in investment income and are calculated based on proceeds received less cost. The cost of securities sold is based on the specific-identification method. Net unrealized gains and losses are reported in the statement of activities and represent the change in the fair value of investment holdings during the year.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.



8

Emergency Shelter - Tavernier

The Florida Keys Children's Shelter, Inc. operates an 18-bed shelter for youths 10 to 17 years of age, on Plantation Key (Jelsema Center) for abused, abandoned and neglected youths who may be in the temporary custody of Wesley House Family Services (2 beds), non-delinquent youths who may be voluntary or court-ordered Families in Need of Services/Children in Need of Services (FINS/CINS, 6 beds), and HHS Basic Center Grant for homeless runaway youths (2 beds). The Shelter provides 24-hour awake supervision, basic shelter care, case management, counseling, recreation, clothing, transportation and other items.

Runaway and Homeless Youth Street Outreach

This model program, funded through the US Department of Health and Human Services, Administration for Children, Youth and Families, Runaway and Homeless Youth Program, provides basic health and safety information to street youth, counseling, case management, opportunities for re-connecting or reunification with families, life skills development, preparation and entry into employment.

Families in Need of Services and Children in Need of Services

This program is designed primarily to provide to youth and families an array of services from voluntary or court-ordered intensive community-based individual and family counseling, case management, and group counseling services through temporary residential services (see Emergency Shelter above). An additional component of the community-based counseling program is the provision of anger management classes for youth.

Poinciana

The Florida Keys Children's Shelter, Inc. operates two programs in Key West at Poinciana, a former Navy property now under the operation of the Key West Housing Authority.

Emergency Home - This six-bed program, under contract with Wesley House Family Services, serves abused, abandoned and neglected children ages 0-10. The program provides 24-hour supervision provided by live-in house parents. Counseling is provided by a contract between Wesley House Family Services and the Care Center for Mental Health.

Residential Group Home - This six-bed program, under contract with Wesley House Family Services, serves abused, abandoned and neglected youths 11-17 years of age who need long-term residential care. The program provides 24-hour supervision provided by live-in house parents. Counseling is provided by a contract between Wesley House Family Services and the Care Center for Mental Health.

Contributed Facilities

The Organization leases land from Monroe County on which the residential shelter was constructed and apartments from the Key West Housing Authority for two child/youth residential programs. Both of these leases are for one dollar (\$1.00) per year. In addition, the Monroe County School Board provides office space for the Shelter's counseling program. The difference between the rent paid and the estimated fair rental is reported as support and expense in the period in which the premises are used.

Contributed Services

The Organization records only those contributed services which are a significant and integral part of the efforts of the Shelter and would have to be provided by outside vendors or personnel had the services not been contributed. Additionally, those services must fall under the control of the Shelter's Management and have a clearly measurable basis of valuation.

Donated Materials

The Organization receives donations of food, clothing, and furniture. These donations are not recorded since values cannot reasonably be determined and, in some cases, go directly to clients. Donations of items for fund raising events are also not recorded as a matter of policy.

Income Taxes

The Organization is a not-for-profit organization exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and is classified as an organization that is not a private foundation under Section 509(a) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been included in the accompanying financial statements.

NOTE 2 - GRANTS AND CONTRACTS RECEIVABLE

Management believes that all grants and contracts receivable are fully collectible as of June 30, 2010, and therefore, has not provided a related valuation allowance on these amounts.



NOTE 3 - PROPERTY AND EQUIPMENT

Property and equipment are stated at cost, or if donated, at the approximate fair market value at the date of donation. An analysis of property and equipment at June 30, 2010 is as follows:

| Building and improvements | \$ 1,228,418 |
|--------------------------------|--------------|
| Equipment | 64,973 |
| Office furniture and equipment | 172,353 |
| Transportation equipment | 108,243 |
| | 1,573,987 |
| Less accumulated depreciation | 770,690 |
| Net property and equipment | \$ 803,297 |

Depreciation expense was \$58,555 for the year and has been allocated among the various cost centers in the Statement of Functional Expenses.

NOTE 4 - INVESTMENTS RESTRICTED

Investments as of June 30, 2010 are carried at quoted market prices and consists of mutual funds with a cost of \$208,460 and a market value of \$140,139. Mutual funds with a value of \$50,000 have been permanently restricted as an endowment by the Board of Directors.

NOTE 5 - LINE OF CREDIT

The Organization has an unsecured demand line of credit with a bank with a maximum borrowing of \$100,000 and interest payable monthly at the bank's prime rate plus 1% (4.25% at June 30, 2010). At June 30, 2010, there was a \$50,000 outstanding principal balance owed. This loan is due on demand, unsecured and has no fixed maturity date.

NOTE 6 - RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets at June 30, 2010 relate to funds contributed to the Organization restricted for education purposes.

Permanently restricted net assets at June 30, 2010 consist of investments to be held indefinitely, the income from which is generally expendable to support programs of the Organization.



NOTE 7 - OPERATING LEASES

On March 4, 1986, the Organization entered into an agreement to lease the parcel of land on which the residential shelter was constructed for a period of fifteen (15) years commencing on April 4, 1986 for the annual rental of one dollar (1.00). On March 3, 1987, the first addendum to the lease agreement extended the period of the lease to twenty-five (25) years and provided for the option to renew the lease for five consecutive five year terms at the same annual rent.

On May 2, 2000 the Organization entered into an agreement to lease apartments in which the Poinciana program is located for a period of fifty (50) years for an annual rent of one dollar (\$1.00). The parties may extend the term of the lease as long as the extension is consistent with the Master Lease and the Key West City Charter and Ordinance.

The Organization leases office space under operating leases expiring in 2010. Rent expense under these leases for the year ended June 30, 2010 was \$68,590.

The Organization also leases office equipment under non-cancelable leases through May, 2014. Rent expense under these operating leases was \$21,620. Future minimum lease payments under these operating leases for the years ending June 30, are as follows:

| Year Ending | |
|-------------|----------|
| June 30, | |
| 2011 | * |
| 2011 | \$17,144 |
| 2012 | 17,144 |
| 2013 | 17,144 |
| 2014 | 6,448 |
| | \$57,880 |

NOTE 8 - RETIREMENT PLAN

The Organization sponsors a Simple IRA Plan covering all employees who elect to participate. Under the plan, the Organization contributes the lesser of 3% of the participant's wages or the participant's contribution. The Organization's contribution for the year ended June 30, 2010 was \$14,211.

NOTE 9 - FUNDING/ECONOMIC DEPENDENCE

For the year ended June 30, 2010, approximately 82% of the Shelter's total revenues were derived from governmental and related entities. A significant reduction in the government funding, if this were to occur, may have an adverse effect on the Shelter's programs and activities.

NOTE 10 - CREDIT RISK

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash, investments and grants receivable. The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash. Credit risk with respect to governmental agency is mitigated by the taxing authority of the governmental entity funding the programs. The Organization's investments in mutual funds are subject to the usual risk of market fluctuations inherent in these types of investments.

NOTE 11 - SUBSEQUENT EVENTS

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosures through October 16, 2010, the date the financial statements were available to be issued.



MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A. HOWARD J. MAGRAM, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S FLORIDA INSTITUTE OF C.P.A.'S

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON SUPPLEMENTAL INFORMATION

To The Board of Directors Florida Keys Children's Shelter, Inc. Tavernier, Florida

Our report on our audit of the basic financial statements of The Florida Keys Children's Shelter, Inc. for the year ended June 30, 2010 appears on page 1. Our audit was performed for the purpose of forming an opinion on the basic financial statements of the Florida Keys Children's Shelter, Inc. taken as a whole. The supplemental information included herein on page 15 is presented for purposes of additional analysis as required by Chapter 10.650, the Rules of the Auditor General and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Magram & Magram, P.A. October 16, 2010

FLORIDA KEYS CHILDREN'S SHELTER, INC. SCHEDULE OF STATE FINANCIAL ASSISTANCE FOR THE YEAR ENDED JUNE 30, 2010

| State Agency, State Project | CSFA Number | Grantor Contract Number | Ex | penditures |
|--|----------------|-------------------------------|---|------------|
| Indirect Projects | | | | |
| Department of Juvenile Justice passed through | | | | |
| Florida Network of Youth and Family Services | | | | |
| CINS/FINS | 80.005 | N/A | \$ | 656,536 |
| Department of Children and Families passed | | | | |
| through Southermost Homeless Challenge Grant | 60.014 | N/A | | 31,406 |
| Department of Transporation passed through | | | | |
| Guidance Clinic of the Middle Keys, Inc. | 55.001 | N/A | *************************************** | 10,500 |
| Total Indirect Projects | | | | 698,442 |
| - | | | 250-000-000-00-00-0 | |
| Total Expenditures of State Financial Assistance | | | \$ | 698,442 |

The significant accounting policies for the schedule of state financial assistance are stated in Note 1 -Nature of the Organization and Summary of Significant Accounting Policies of the notes to the basic financial statements

See report of independent certified public accountants on supplemental information.





MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A. HOWARD J. MAGRAM, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S FLORIDA INSTITUTE OF C.P.A.'S

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors Florida Keys Children's Shelter, Inc. Tavernier, Florida

We have audited the financial statements of the Florida Keys Children's Shelter, Inc. (the "Organization") as of and for the year ended June 30, 2010 and have issued our report thereon dated October 16, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Florida Keys Children's Shelter, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Florida Keys Children's Shelter's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Florida Keys Children's Shelter's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatements, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

This report is intended solely for information and use of the board of directors, management and federal, state and local awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Magram & Magram, P. a.
MAGRAM & MAGRAM, P.A.

October 16, 2010



MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A. HOWARD J. MAGRAM, C.P.A. MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S FLORIDA INSTITUTE OF C.P.A.'S

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR STATE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE CHAPTER 10.650 RULES OF THE AUDITOR GENERAL

To the Board of Directors Florida Keys Children's Shelter, Inc. Tavernier, Florida

Compliance

We have audited the compliance of the Florida Keys Children's Shelter, Inc. with the types of compliance requirements described in the Executive Office of the Governor's State Projects Compliance Supplement that are applicable to each of its major state projects for the year ended June 30, 2010. The Florida Keys Children's Shelter, Inc.'s major state projects are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major state projects is the responsibility of the Florida Keys Children's Shelter, Inc.'s management. Our responsibility is to express an opinion on the Florida Keys Children's Shelter, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States and Chapter 10.650, Rules of the Auditor General. Those standards, and Chapter 10.650, Rules of Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major state project occurred. An audit includes examining, on a test basis, evidence about the Florida Keys Children's Shelter, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Florida Keys Children's Shelter, Inc.'s compliance with those requirements.

In our opinion, the Florida Keys Children's Shelter, Inc. complied, in all material respects, with the requirements referred to above that are applicable to each of its major state projects for the year ended June 30, 2010.



Internal Control Over Compliance

The Management of the Florida Keys Children's Shelter, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to state projects. In planning and performing our audit, we considered the Organization.'s internal control over compliance with requirements that could have a direct and material effect on a state project in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Florida Keys Children's Shelter, Inc.'s internal control over compliance.

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a state project on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a state project such that there is more than remote likelihood that noncompliance with a type of compliance requirement of a state project that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a state project will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for information and use of the board of directors, management and federal, state and local awarding agencies and pass through entities and is not intended to be and should not be used by anyone other than these specified parties.

MAGRAM & MAGRAM, P.A.

October 16, 2010

THE FLORIDA KEYS CHILDREN'S SHELTER, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS - STATE PROJECTS FOR THE YEAR ENDED JUNE 30, 2010

SECTION 1 - SUMMARY OF AUDITOR'S RESULTS

| Financial Statements | Unqualified |
|--|---------------------------------|
| Internal control over financial reporting: Material weakness(es) identified? Reportable condition(s) identified not considered to be material weakness(es) | Yes _X_ NoYes _X_ None Reported |
| Noncompliance material to financial statements noted | Yes _X No |
| State Financial Assistance | |
| Internal control over major state projects: Material weakness(es) identified? Reportable condition(s) identified not considered to be material weakness(es)? | Yes _X_ NoYes _X_ None Reported |
| Type of auditor's report issued on compliance for major state projects: | Unqualified |

See report of Independent Certified Public Accountants on Supplemental Information

THE FLORIDA KEYS CHILDREN'S SHELTER, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS - STATE PROJECTS FOR THE YEAR ENDED JUNE 30, 2010

State Financial Assistance Continued

Identification of state projects:

Name of State Project

State of Florida Office of Attorney General

Minority Communities Crime Prevention

CSFA

Number

80.005

Dollar threshold used to distinguish between

Type A and Type B projects for major state financial assistance:

\$209,533

SECTION II - FINANCIAL STATEMENT FINDINGS

No findings were reported

SECTION III - STATE FINANCIAL ASSISTANCE FINDINGS AND QUESTIONED COSTS

No findings were reported

SECTION IV - STATE FINANCIAL ASSISTANCE SUMMARY OF PRIOR AUDIT FINDINGS

No findings were reported

SECTION V - FINANCIAL ASSISTANCE - MANAGEMENT LETTER

No management letter was issued

See report of Independent Certified Public Accountants on Supplemental Information



990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

| A | Cartha 2000 | - and and an a | ear, or tax year beginning 07/01/09 and ending 06/3 | 0/10 | | | 111111111111111111111111111111111111111 | |
|--------------------------------|--------------------|----------------------|---|-----------------------|----------------|--------------------|---|----------|
| | heck if applicable | 15. | C Name of organization | -, | а | Employ | er identification nur | mber |
| | Uddress change | use IRS | FLORIDA KEYS CHILDRENS SHELTER | R, INC | | | | |
| = | _ | label or print or | Doing Business As | | | <u> 59-2</u> | 2605356 | |
| | lame change | type. | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E | Telepho | ne number | |
| ! * | nikal return | See | 73 HIGH POINT ROAD | | | 305- | -852-464 6 | |
|] 1 | Fermination | Specific Instruc- | City or town, state or country, and ZIP + 4 | | GG | oss receip | us 1,839, | 413 |
| 7 | Amended return | tions. | TAVERNIER FL 33070 | | | | | |
| ٦, | Application pendi | ino F Nam | a and address of principal officer. | | H(a) | is this a | group return for | === |
| | | | THLEEN TUELL | | НО | affiliates | | X No |
| | | SA | ME AS ABOVE | | ''(" | included | | No |
| | | | | | | If "No," a | attach a fist. (see matruction | ns) |
| | Tex-exempt s | | 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | | | | |
| ************* | Website: 🕨 | THE REAL PROPERTY. | | | | | comption number | TOT |
| | Type of organiza | | | L. Year of formati | on: 196 | <u> </u> | A State of legal domicile: | FL |
| P | art I | Summa | | | | | | |
| | | | the organization's mission or most significant activities: | . <u> </u> | | • • • • • • • | | • |
| 6 | PR | COVIDE | SHELTER FOR CHILDREN | | | | | |
| Ę | | | | | | | | |
| & Governance | | | | | | | | |
| ò | 2 Chec | k this box | if the organization discontinued its operations or disposed of more | than 25% of its n | el assets. | | • | |
| ∞ 5 | | | g members of the governing body (Part VI, line 1a) | | | 3 | <u>8</u> 7 | |
| 88 | 4 Numl | ber of inde | pendent voting members of the governing body (Part VI, line 1b) | | | 4 | | |
| Activities | 5 Total | number of | employees (Part V, line 2a) | | | 5 | 48 | |
| AC | | | volunteers (estimate if necessary) | | | 6 | | |
| | 1 | - | lated business revenue from Part VIII, column (C), line 12 | | | 7a | | 0 |
| | b Net u | inrelated b | usiness taxable income from Form 990-T, line 34 | ····· | rior Year | 7b | Current Year | |
| | | | dto (Dark Mill line 1h) | 4 | ,230, | 501 | 1,255, | 313 |
| å | ı | | ad grants (Part VIII, line 1h) | | 796, | | 540, | |
| Revenue | 1 - | | e revenue (Part VIII, line 2g) | | 12, | | -11, | |
| چ | 1 | | me (Part VIII, column (A), lines 3, 4, and 7d) | | 29, | | 16, | |
| | i | | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | ,069, | | 1,801, | |
| | | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | |
| | 1 | | lar amounts paid (Part IX, column (A), lines 1–3) | l l | | | | |
| | 1 | • | or for members (Part IX, column (A), line 4) | | ,500, | 917 | 1,246, | 767 |
| Expenses | | | compensation, employee benefits (Part IX, column (A), lines 5–10) idraising fees (Part IX, column (A), line 11e) | | | | | |
| 2 | 1 | | 75 253 | | | | | ***** |
| ᄶ | L. | | (Part IX, column (A), lines 11a-11d, 11f-24f) | | 711, | 090 | 527, | 174 |
| | 1 | | Add lines 13–17 (must equal Part IX, column (A), line 25) | 2 | ,212, | | 1,773, | 941 |
| | ı | | xpenses. Subtract line 18 from line 12 | | -142, | | 27, | 507 |
| 51 | 15 NEVE | 7114G 1585 E | ADEINGES, GUARIERO IIIG 10 HOITI BIRC 12 | | g of Current | | End of Year | |
| # | 20 Tolai | assets (P | art X, line 16) | 1 | <u>,176,</u> | | 1,279, | |
| Net Assets or Fund Relences | 21 Total | | Part X, line 26) | | 186, | | 249, | |
| ¥.5 | 22 Net | assets or fu | nd balances, Subtract line 21 from line 20 | <u> l</u> | 989, | 653 | 1,0 30, | 675 |
| AAAL MA | art II | Signati | re Block | | | | | |
| | | Under pen | atties of perjury, I declare that I have examined this return, including accompanying a | chedules and states | nents, and I | o the bes | st of my knowledge | |
| | | and belief, | it is true, correct, and complete. Declaration of preparer (other than officer) is based | ou sni lutotumenou ci | witch prep | eniesi (leta) 1 | Billy Kilomeoge | |
| Sig | gn | \ | | | | <u></u> | | |
| He | re | Signa | ure of officer | | | Date | | |
| | | \ | | | | | | |
| | | Type | or print name and title | | | | Preparer's identifying | number |
| _ | | Preparer's | | Date | Check If self- | | (see instructions) | |
| Pa | | signature | HOWARD J MAGRAM | 1/03/10 | employed | | P010454 | |
| | eparer's | Firm's | MAGRAM & MAGRAM, P.A. | | | EIN > | 65-0 87 | 5957 |
| U\$ | e Only | if self-emp | oyed), 1301 INTERNATIONAL PKWY STE | 150 | | Phone | | |
| | | address, s | | | | no 🕨 | 305-275-2 | |
| Ma | y the IRS di | iscuss this | return with the preparer shown above? (see instructions) | | | 1 | Yes | No |
| Foi | r Privacy A | ct and Par | erwork Reduction Act Notice, see the separate instructions. | | | | Form 99(| U (2009) |
| DA | | • | | | | | | |

| Part III | | CHILDRENS SHELTER, IN | 10 07 200000 | Page 2 |
|-------------|---|--|---|---|
| | | Service Accomplishments | | |
| | describe the organization's mission | | | |
| PROV | IDE SHELTER FOR C | HILDREN | | |
| | , | | ************************** | |
| | | | | |
| | | | A.Y. I | |
| | | ficant program services during the year w | | Yes X No |
| the pr | 10r Form 990 or 990-EZ7 | Pakadula O | *************************************** | Tes Z No |
| | s," describe these new services on | or make significant changes in how it conc | tuete any program | |
| servic | | | | Yes X No |
| | es r s,* describe these changes on Sch | edula O | ******** | 🗀 163 🛅 110 |
| | - | ents for each of the organization's three la | graest program services by expenses. | |
| | | ations and section 4947(a)(1) trusts are re | | d |
| | | , and revenue, if any, for each program se | | |
| | more to ourself, me total expenses, | , and totalias, it any, for occurring | | |
| a (Code | · \(/Expenses \$ | 1,632,117 including grants of \$ |) (Revenue | \$ |
| | | AND PRIMARY PURPOSE | | |
| | | CEMENT OF THE WELL-E | ETMO OF ARICED | |
| | | THIS IS ACCOMPLISHE | | |
| | | ME, AND A RESIDENTIA | | |
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| | | | | |
| | e:) (Expenses \$ | including grants of \$ |) (Revenue | \$,, |
| | e:) (Expenses \$ | including grants of \$ |) (Revenue | \$ |
| | e:) (Expenses \$ | including grants of \$ |) (Revenue | \$ |
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| c (Code | e:) (Expenses \$ | including grants of \$ |) (Revenue | 5 |
| c (Code | e:) (Expenses \$ | including grants of \$ |) (Revenue | 5 |

Form 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356 Page 3 Part IV **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part ill Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? if "Yes," complete Schedule D, Part V X 10 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX, Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part (X, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15

> 20 X Form 990 (2009)

18 X

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X

X

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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

to individuals located outside the United States? If "Yes," complete Schedule F, Part III

If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to Individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tex-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356

| | Details and Development of the Control of the Contr | | Yes | No |
|-----|--|---------|----------|------------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable | | | |
| _ | U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a U 1b 0 | | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| С | gaming (gambling) winnings to prize winners? | 16 | X | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| 24 | Statements, filed for the calendar year ending with or within the year covered by this return 2a 48 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | * *** >*** |
| U | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | SER! | NO. |
| | instructions) | | | |
| 32 | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | 4:37 |
| - | this cabum? | 3a | | X |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| 742 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | 5 | |
| | 22217112 | 4a | | x |
| h | MSV- Porter file comment of the foreign comment | 1000000 | | 135 |
| ~ | See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| | and Financial Accounts. | | | |
| 5a | and the state of t | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| ٠ | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | The state of the s | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | ŀ | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | X | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c | many and the second | | | |
| | required to file Form 8282? | 7c | <u> </u> | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | | X |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 70 | <u> </u> | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | l |
| | required? | 7h | ļ.,., | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | } |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | 1 |
| | organization, have excess business holdings at any time during the year? | . 8 | <u> </u> | <u> </u> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 1 |
| a | Did the organization make any taxable distributions under section 4966? | 93 | _ | |
| þ | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | 1 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 100 | | 100 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | - |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | 1 | 1 |

Form 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356

| · ATOM | for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics. | | | |
|--------|--|------------|---------------------------------|--------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 17000 | | |
| b | Enter the number of voting members that are independent 1b 7 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarity performed by or under the direct | 1 1 | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X | |
| B | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | 16 |
| | the year by the following: | | | 3 |
| a | The governing body? | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's malling address? If "Yes," provide the names and addresses in Schedule O | | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| | /enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | X | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of Interest policy? If "No," go to line 13 | 12a | X | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 12b | х | |
| _ | rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12.0 | | |
| C | A DELLA DELL | 12c | x | |
| | describe in Schedule O how this is done | | X | \vdash |
| 13 | Does the organization have a written whistleblower policy? | 13 | $\frac{\mathbf{x}}{\mathbf{x}}$ | ┼ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | <u> </u> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 8 | The organization's CEO, Executive Director, or top management official | 15a | X | - |
| ь | Other officers or key employees of the organization | 15b | X | +- |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | A CONTRACT | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | in Wa | TRACE | |
| | the organization's exempt status with respect to such arrangements? | 16b | L | <u></u> |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website X Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization: ► DAVID BLEY 73 HIGH POINT ROAD | (E | 2 | 1014 |
| T | AVERNIER FL 33070 30 | 5-85 | 2-4 | 124 |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average | Posi | tion (| | c all | lhat ap | | | (E) Reportable | (F) Estimated |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| KURT ROCKENBACH | | x | | | | | | 0 | 0 | |
| WILLIAM LE DENT VICE CHAIR | | x | | | | | | 0 | 0 | |
| KYM COLLINS TREASURER | | х | | | | | | 0 | 0 | |
| DON FANELLI SECRETARY | | x | | | | | | 0 | 0 | |
| KENNETH GRIFFITHS | | x | | | | | | 0 | 0 | |
| JAY ROURKE BOARD MEMBER | | x | | | | | | 0 | 0 | |
| COLONEL RICK RAMS BOARD MEMBER | | x | | | | | | 0 | 0 | |
| MARINA KAY WIATT STUDENT REP | | x | | | | | | 0 | 0 | |
| KATHLEEN TUELL | 40.00 | | | x | | | | 70,000 | 0 | |
| DAVID BLEY | 40.00 | | | x | | $oxed{oxed}$ | | 50,000 | 0 | |
| | | | | | | | | | | |
| | | _ | | | | 1 | ······································ | | | |
| | | - | | | | | | | | |
| | | <u> </u> | _ | | | | | | | |
| | | _ | | | _ | | | | | |
| 7 * * * * * * * * * * * * * * * * * * * | | | _ | _ | - | | | | | |
| | | | | | | | | | | Form 990 (20) |

| Form 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-260535 | Form 990 (2009) | FLORIDA | KEYS | CHILDRENS | SHELTER, | INC | 59-2605356 |
|---|-----------------|---------|------|-----------|----------|-----|------------|
|---|-----------------|---------|------|-----------|----------|-----|------------|

| Part VII Section A. Officers (A) Name and Title | (B) Average hours per | Posi | ition (| (chec | C) kall | that s | pply) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--|--|--|---|---|--------------------------------|---|--|--|--|--|
| | week | Individual trustee or director | Institutional trustee | Former Highest compensation (W-2/1099-MISC) Key employee (W-2/1099-MISC) | from the organization | from related organizations (W-2/1099-MISC) | other other compensation from the organization and related organizations | | | |
| */\1/******************** | | | | | | | | | | |
| * | | | | | | | | | | |
| * | | | | | | | | | | |
| * | | | | | | | | | The state of the s | |
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| ****************************** | | | | | | | | *************************************** | | |
| *************************************** | | | - | | | | | A STATE OF THE STA | · | |
| | *************************************** | | | | | | | | | |
| * | | | | | | | | | | |
| 1b Total | | | | | | | > | 120,000 | | |
| 2 Total number of individuals (in | | | | thos | e lis | ted a | pov | e) who received more than | \$100,000 in | |
| reportable compensation from | the organization | <u> </u> | 0_ | | | | | | | |
| Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1 services rendered to the organization. | complete Sche e 1a, is the sum rganizations gre a receive or acc nization? If "Yes | dule . of re ater t | J for porti han comp | suc able \$15 | h ind corr 0,00 ation | dividu npens 07 If | ial satio "Ye n an | on and other compensation s," complete Schedule J for my unrelated organization for | from r such | 3 X 4 X 5 X |
| Section B. Independent Contract Complete this table for your five | ve highest comp | ensa | led i | nder | oend | ient d | conti | ractors that received more | than \$100,000 of | |
| compensation from the organi | zation. (A) business address | | ************* | | | | T | Descrip | (B) stion of services | (C) Compensation |
| | acontone bost coo | *************************************** | | | Was ing to the same | ********** | | | ((CAR) MP Was E TURNS | Compensation |
| | | TOP STATE STATE OF THE STATE OF | | | wine the land | - * ********************************** | | | | |
| | | | | | ****** | | | | and the second s | The state of the s |
| | | ***** | | | | | | | | |
| | | *************************************** | *************************************** | | | | | The state of the s | | |
| 2 Total number of independent of more than \$100,000 in competent. | | | | | | ed to | tho | se listed above) who receiv | /ea | 0 |
| DAA | | | | | | | | | | Form 990 (2009) |

| | III Statement of Rev | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|------------|---|---|---------------|--|---|---|---|
| 1a | Federated campaigns | 1a | - 1 | | Wall of the second | | |
| | Membership dues | 1b | | | | | |
| | Fundralsing events | 1c | - 8 | | | | |
| | Related organizations | 1d | | | | | |
| | Government grants (contributions) | 1e 3 | ,031,836 | | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 11 | 223,477 | | | | |
| _ | Noncash contributions included in lines Total. Add lines 1a-1f | la-1f: \$ | | 1,255,313 | | | |
| | | | Busn. Code | | | | |
| 2a | Program Service Re | venue | | 540,950 | 540,950 | | |
| b | | | | | | | |
| С | | | | | | | |
| đ | | | | | | | |
| e | | | | | | | |
| f | All other program service ray | | | | | | |
| 9 | Total. Add lines 2a-2f | | | 540,950 | | Marie Committee | |
| 3 | Investment Income (including | g dividends, inte | erest, and | | | | |
| | | | | 4,328 | 4,328 | | <u> </u> |
| 4 | Income from Investment of to | | | | | | 4 |
| 5 | Royalties | | | | | | |
| _ | (i) Rea | (# |) Personal | | | | |
| | | | | | | | |
| | * | | | | | | |
| C a | Rental inc. or (1055) | | | action to a section | | | |
| 7 ₽ | Net rental income or (loss) Gross amount from (i) Securit | ····· | (ii) Other | | | 47000 | , |
| | sales of assets | | 800 | The state of the s | | | |
| ь | other than inventory Less: cost or other | | - 000 | | | | |
| - | basis & sales exps. | | 16,523 | | 1 | | |
| c | Gain or (loss) | | -15,723 | | | | |
| | | | | -15,723 | -15,723 | | 517 (51,000) 41,00 |
| | Gross income from fundraising e | | 1 | | | | |
| | (not including \$ | | | | | | |
| | of contributions reported on line t | c). | | | | | |
| | See Part IV, line 18 | . a | 38,022 | | | | |
| b | Less: direct expenses | b | 21,442 | | | | ************ |
| C | Net Income or (loss) from ful | ndraising event | 3 > | 16,580 | | | 16,58 |
| 9a | Gross income from gaming activi- | | | | | | |
| | See Part IV, line 19 | | | | | | 1 |
| | Less: direct expenses | | <u> </u> | | | | |
| | Net income or (loss) from ga | - | <u> </u> | | | | |
| 10a | Gross sales of inventory, les | s | | | | | |
| | returns and allowances | * | | | | | |
| | Less: cost of goods sold | bl | | | |) •/** | |
| C | Net income or (loss) from sa Miscellaneous Reven | | Busn. Code | CANAL TO BE BUILDING | | | Marian and the section of |
| 112 | | | DUSIT. COUP | onitementaria in interest to the | apper approved by conservation control of a | hije manna rom 1210 | |
| b | *************************************** | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| C | | | | | | | |
| ď | All other revenue | | | | | | |
| 8 | Total Add lines den ded | | > _ | | | | |
| 12 | Total Revenue. See Instruct | | | 1,801,448 | 529,555 | | 0 16,58 |

Form 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356

Form 990 (2009) Part IX St FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

zations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | o not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and general expenses | (D) Fundraising expenses |
|-----|---|-----------------------|--|---|-------------------------------------|
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| _ | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | 1 | | | |
| _ | the U.S. See Part IV, line 22 | | | | |
| 3 | | ı | | | |
| | organizations, and individuals outside the | 1 | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | and the second second second second |
| 5 | Compensation of current officers, directors, | | | 40.00 | |
| | trustees, and key employees | 120,000 | 108,000 | 12,000 | |
| 6 | Compensation not included above, to disqualified | ľ | | | |
| | persons (as defined under section 4958(f)(1)) and | | | 1 | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 875,669 | 810,922 | 14,335 | 50,412 |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | 14,211 | 13,359 | 284 | <u> 568</u> |
| 9 | Other employee benefits | 151,894 | 150,978 | 308 | 608 |
| 10 | Payroli taxes | 84,993 | 79,895 | 1,699 | 3,399 |
| 11 | Fees for services (non-employees): | * | | | |
| а | | | | | |
| b | | 5,570 | 4,484 | 947 | 139 |
| | Accounting | 12,875 | 10,364 | 2,189 | 322 |
| c | I I abbushe | | | | |
| e | | | | 2 mg 2 mg 2 | |
| | investment management fees | | A STATE OF THE PARTY OF THE PAR | Management - seems of the control | |
| | Other | 16,113 | 12,797 | 2,912 | 404 |
| 42 | | 4,911 | 3,830 | 393 | 688 |
| 12 | Advertising and promotion | 89,663 | 69,942 | 7,171 | 12,550 |
| 13 | Office expenses | 69,003 | 09,342 | | 12,000 |
| 14 | Information technology | | | | |
| 15 | Royalties | 100 460 | 176,964 | 9,423 | 2 073 |
| 16 | Occupancy | 188,460 | | | 2,073 1,690 |
| 17 | Travel | 26,287 | 20,643 | 3,954 | 1,090 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | - | |
| 19 | Conferences, conventions, and meetings | | A = A = | | |
| 20 | interest | 2,941 | 2,706 | 235 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 58,555 | 48,459 | 8,628 | 1,468 |
| 23 | Insurance | 1,862 | 1,536 | 233 | 93 |
| | | | | | |
| 24 | Other expenses, Itemize expenses not | | | | |
| | covered above. (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below. | Section 1 | | | |
| 8 | | 51,046 | 49,439 | 768 | 839 |
| b | | 25,179 | 25,179 | | |
| - | AT THEM ADDITIONABLE TON | 16,102 | 16,102 | | |
| d | | 13,474 | 12,396 | 1,078 | |
| e | | 7,903 | 7,903 | | |
| f | | 6,233 | 6,219 | 14 | |
| | | 1,773,941 | 1,632,117 | 66,571 | 75,253 |
| 25 | | 41101344 | | | , |
| 26 | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| DAA | fundralsing solicitation | | | | Form 990 (2009) |

| | | | | (A) Beginning of year | | (B) End of year |
|--|--|-------------------------|---------------|---|--------|---|
| 1 | Cash-non-interest bearing | | | 18,935 | 1 | 58,227 |
| 2 | Savings and temporary cash investments | * * * * * * * * * * * * | | 17,907 | | - |
| 3 | Pledges and grants receivable, net | | | 171,524 | 3 | 245,681 |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Receivables from current and former officers, directors, | | | | | |
| | employees, and highest compensated employees. Com | | | | | |
| | Schedule L | 5 | | | | |
| 6 | Receivables from other disqualified persons (as defined | | | | | |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(| | | | | |
| 1 | Part II of Schedule L | | 1 | TATE OF THE STATE | 6 | • |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 7 | Inventories for sale or use | | | | 8 | <u> </u> |
| 9 | Dennald aumanan and deferred above | | | 39,623 | 9 | 24,410 |
| 10a | Land, buildings, and equipment: cost or | T | | | | |
| | other basis. Complete Part VI of Schedule D | 10a | 1,573,987 | | | |
| Ь | Less: accumulated depreciation | 10b | 770,690 | 797,552 | 10c | 803,297 |
| 11 | | L | | 123,009 | | 140,735 |
| 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| 14 | to the complete control of the contr | | 1 | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 7,477 | 15 | 7,47 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 3- | | | 1,176,027 | 16 | 1,279,82 |
| 17 | | | | 186,374 | | 199,152 |
| 18 | One stern succession | 1 | = = 7 - 7 - 1 | 18 | | |
| 19 | 6 -4 | | | | 19 | |
| 20 | 1 | | | | 20 | |
| | Escrow or custodial account liability. Complete Part IV of | | | | 21 | |
| 22 | | | | | | |
| | employees, highest compensated employees, and disqu | - | į | | | |
| 21 | persons. Complete Part II of Schedule L | | | *************************************** | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third | i nortica | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third p | | | | 24 | 50,000 |
| 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | | |
| 26 | Total Habilities, Add lines 17 through 25 | | | 186,374 | | 249,152 |
| | Organizations that follow SFAS 117, check here ▶ > | | | | Z 4 2 | |
| | complete lines 27 through 29, and lines 33 and 34. | and a | 1 | | | |
| 27 28 29 30 31 32 33 | | | Į. | 928,599 | 27 | 966,012 |
| 20 | Unrestricted net assets | | 11,054 | 28 | 14,663 | |
| 28 | Temporarily restricted net assets | | 50,000 | | 50,000 | |
| 29 | Permanently restricted net assets Organizations that do not follow SFAS 117, check he | | 50,000 | 100000 | | |
| : | | | | | | |
| | and complete lines 30 through 34. | | 1 | | 30 | 1 PAN |
| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipmen | | | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, o | or other fur | 108 | 000 652 | 32 | 1,030,675 |
| 33 | | | | 989,653 | | |
| 34 | Total liabilities and net assets/fund balances | | <u></u> | 1,176,027 | 34 | 1,279,827 |

| om | 1 990 (2009) FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356 | | Pa | ge 12 |
|----|--|---------|------|---------|
| Pa | irt XI Financial Statements and Reporting | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 20533.0 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | 18.00 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | 11110 (| 6 40 | 7 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | X |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |
| | | F | 990 | man |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate Instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLORIDA KEYS CHILDRENS SHELTER, INC

Employer identification number 59-2605356

| P | art I | Reas | on for Public Chari | y Status (All organization | s must o | complet | e this | part.) | See in | struction | ons. | •••••••• | |
|--|------------|---------------------------------------|---------------------------------------|---|--|------------------------|---|------------------------|--|------------|----------------|----------|----------|
| The | orga | nization is not | a private foundation beca | use it is: (For lines 1 through 11, | check onl | y one box. |) | | ······································ | | | | |
| 1 | | | | ssociation of churches described | | | | | | | | | |
| 2 | | | • | I)(A)(II). (Attach Schedule E.) | | (/ (| 10 100 | | | | | | |
| 3 | | | | rvice organization described in s | ection 170 | (b)(1)(A)(l | 11). | | | | | | |
| 4 | | | | ited in conjunction with a hospita | | | | M1WAWI | ii) Ente | r the hos | nital's nam | . | |
| | £ | city, and stat | | | , | 000 | | M 'M'M' | 71). WITC | | P1001 0 110111 | ٠, | |
| 5 | | | | it of a college or university owne | d or operat | ed by a no | warnma | Intal uni | t descri | hed in | | | |
| • | لسسا | - | b)(1)(A)(Iv). (Complete Pa | | a or operar | co o, a g | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | tar ti | (doacar | Dec III | | | |
| 6 | \Box | | | r governmental unit described in | naction 47 | MANAYAY | Mad | | | | | | |
| 7 | X | | - | • | | | | lea — tha | | 1 | | | |
| • | | | | a substantial part of its support i | irom a govi | emmenta | UTIK OF 1 | rom me | Ванага | n public | | | |
| | | | section 170(b)(1)(A)(vi). | | II S | | | | | | | | |
| 9 | H | | | n 170(b)(1)(A)(vi). (Complete Pa | • | | | | | | | | |
| 3 | Ш | | | : (1) more than 33 1/3 % of its su | | | | | • | _ | SS | | |
| | | _ | | empt functions—subject to certa | | | | | | | | | |
| | | | | and unrelated business taxable | - | | | () ITOM (| usinesi | ses | | | |
| 4.5 | | | | 30, 1975. See section 509(a)(2 | | | | | | | | | |
| 10 | | | | d exclusively to test for public sa | - | | | | | | | | |
| 11 | لــا | _ | - | d exclusively for the benefit of, to | • | | | | | | | | |
| | | | | orted organizations described in | | | | | | section | | | |
| | | | | s the type of supporting organiza | | • | | | | | | | |
| | r | a Type | | c Type III-Functio | | | d | | e III-Ot | | | | |
| e | | · · · · · · · · · · · · · · · · · · · | • | organization is not controlled dire | • | • • | | | • | | | | |
| | | | _ | rs and other than one or more p | noticit andi | оопеа огд | anizauo | ns desc | inbed in | section | | | |
| | | | section 509(a)(2). | | | | | | | | | | |
| f | | | | etermination from the IRS that it | ısa iype i | iype II, c | or type | III supp | oning | | | | |
| | | | check this box | | , , , , , , , , , , | | | . 83 | | | | | |
| g | | - | · · · · · · · · · · · · · · · · · · · | zation accepted any gift or contri | bution fron | n any of th | e | | | | | | |
| | | following per | | | | | | | | | | | T |
| | | | • • | controls, either alone or togethe | | | | - | | | | Yes | No |
| | | | | of the supported organization? | | | | | | | 119(1) | 1 | |
| | | | member of a person desi | | | | | | | 100 | 119(8 | | ļ |
| | | (ill) A 35% c | ontrolled entity of a perso | n described in (i) or (ii) above? | | | | | | | 119(8 | <u> </u> | <u> </u> |
| h | | Provide the | ollowing information abou | t the supported organization(s). | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| (i) | | e of supported | (ii) EIN | (iff) Type of organization | 4 | organization | | ou notify | | s the | | nount of | |
| | ong | anization | | (described on lines 1-9 above or IRC section | | sted in your document? | | sization in of your | organizat (i) organi | zed in the | sur | port | |
| | | | | (see Instructions)) | 30.0 | - | sup | ort? | U. | S.7 | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | ļ | | | | |
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| | | | | | | | | | | | | | |
| Tota | ı | | Action of Release to 1 | | 1 | 1 | | | 1 | 1 | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning In) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,039,213 1,918,772 2,026,801 1,913,373 1,796,263 9,694,422 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 67,220 B2,853 109,150 76,840 76,840 412,903 Total. Add lines 1 through 3 1,980,593 2,122,066 2,027,922 2,103,641 1,873,103 10,107,325 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 10,107,325 Section B. Total Support (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total (d) 2008 Amounts from line 4 1,980,593 2,122,066 2,027,922 2,103,641 1,873,103 10,107,325 Gross income from interest, dividends. payments received on securities loans, rents, royalties and Income from similar 13,485 2,907 15,728 12,931 4,328 49,379 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 ioss from the sale of capital assets 38,022 38,022 (Explain in Part IV.) 11 10,194,726 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 870,263 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 99.14% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 99.53% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009, if the organization did not check a box on line 13, 16s, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| | 1/03/2010 9:47 AM | | | | | | |
|-----------------|--|--------------------|---------------------|-------------------|--|----------------------|--------------|
| | dule A (Form 990 or 990-EZ) 2009 FLOI | ganizations C | Described in S | ection 509(a)(| R, INC 59 2) | -2605356 | Page 3 |
| 200 | (Complete only if you che tion A. Public Support | cked the box | on line 9 of Pa | irt I.) | , | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | | (4) 4000 | <u> </u> | (3/ 333) | | | |
| 1 | Gifts, grants, contributions, end membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total, Add ilnes 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| þ | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| _ | amount on line 13 for the year | | | | | | |
| С В | Add lines 7a and 7b Public support (Subtract line 7c from | | | | Section of the Sec | MATERIAL MATERIAL NA | |
| 0 | line 6.) | | | | | Millioning | |
| Sec | tion B. Total Support | | | | | | |
| Ca | endar year (or fiscal year beginning in) 🕨 📗 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 0a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | |] | <u> </u> | <u> </u> | |
| 4 | First five years. If the Form 990 is for the | _ | | | | | |
| 200 | organization, check this box and stop here tion C. Computation of Public Su | | | <u> </u> | | | <u>. , </u> |
| | Public support percentage for 2009 (line 8, | | | no (fi) | | 15 | 76 |
| 5 | Public support percentage for 2008 (line 8, Public support percentage from 2008 Sche | | | | | | % |
| Sec | tion D. Computation of Investme | | | <u> </u> | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | |
| 36 0 | Investment income percentage for 2009 (III | | | 3, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2008 | | | | | | |
| 9a | 33 1/3 % support tests—2009. If the organ | nization did not c | heck the box on lir | e 14, and line 15 | is more than 33 1/ | 3 %, and line | |
| | 17 is not more than 33 1/3 %, check this b | | | | | | ▶ [|
| h | 33 1/3 % cumment tests-2008. If the orns | | | | | | |

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A (F | orm 990 or 990- | EZ) 2009 | FLORII | DA KEYS | CHILD | RENS | SHELTER | INC | 59-2605 | 356 | Page 4 |
|---|---------------------------------------|---------------------------------|---|---|---|---|--|-------------------|---|---|---------------------|
| Part IV | Supplemer | ntal Infor | mation. (| complete t | his part to | provide | the explana | tions re | quired by Pa | art II, line 10; instructions. | |
| | | | | | | | | | | | |
| * * * * * * * * * * * * * | | | | 9 + 8 4 8 + + + + ± 4 | ****** | | | | ******** | | |
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| * ******** | | | | | * • • • • • • • | | | | | e est total and a | * * * |
| | | | | * * * * * * * * * * * * * * | · • · • • • · • · • · • · | | | | | | ****** |
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| | г 4 о 4 , 4 4 о г 20 ж 34 ч л д д | * * * * * * * * * * * * * * * | | * | ****** | | P 4 X P 4 F 1 F 4 F 1 P F 4 R | ****** | | ******** | e 4 × 6 = 4 |
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| ******* | , , , , , , , , , , , , , , , , , , , | ******** | | 4 * * * * 4 * * * * * * * * | 2 4 5 4 7 4 4 4 4 7 9 9 9 | | ********** | ******* | 1 + 8 + - 4 + + + + + + + + + + + + + + + + + | | * * * * * * * * * |
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| . S. V. W. W. R. V. W. W. | | | | | | * * * * * * * * | | ***** | 2 B × C C F A F V | | |
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| | | * * * * * * * * * * * * * * * * | ***** | | | | | *** **** | ********** | *********** | |
| ********* | . K | | • | | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer Identification number

| FLORIDA KEYS | CHILDRENS SHELTER, INC | 59-2605356 |
|---|--|--|
| Organization type (check one | s): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private four | dation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | on |
| | 501(c)(3) taxable private foundation | |
| Section 11 to 1 | | |
| | covered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and | a Special Rule. See |
| General Rule | | |
| | ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c | r more (in money or |
| Special Rules | | |
| sections 509(a)(1) and |) organization filing Form 990 or 990-EZ that met the 33 1/3% support te d 170(b)(1)(A)(vi), and received from any one contributor, during the year, d of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line | a contribution of the greater |
| the year, aggregate co |), (8), or (10) organization filing Form 990 or 990-EZ that received from a ontributions of more than \$1,000 for use exclusively for religious, charitab or the prevention of cruelty to children or animals. Complete Parts I, II, a | e, scientific, literary, or |
| the year, contributions aggregate to more that year for an exclusively applies to this organiz |), (8), or (10) organization filing Form 990 or 990-EZ that received from a for use exclusively for religious, charitable, etc., purposes, but these corn \$1,000. If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose. Do not complete any of the parts unfation because it received nonexclusively religious, charitable, etc., contributions. | tributions did not re received during the ess the General Rule outions of \$5,000 or more |
| 990-EZ, or 990-PF), but it mus | is not covered by the General Rule and/or the Special Rules does not file at answer "No" on Part IV, line 2 of its Form 990, or check the box in the I in 990-PF, to certify that it does not meet the filing requirements of Sched | eading of its Form |
| For Privacy Act and Paperwork | Reduction Act Notice, see the instructions | Schedule B (Form 990, 990-EZ, or 990-PF) (2009) |

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of 1 of Part I Name of organization Employer identification number FLORIDA KEYS CHILDRENS SHELTER, 59-2605356 Part I Contributors (see instructions) (a) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution . 1. . . . ECKERD FAMILY FOUNDATION Person 3000 BAYPORT DRIVE S, SUITE # 560 Payroll 29,100 Noncash TAMPA FL 33607 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Person Payroil Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Pavroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2009

Open to Public Inspection

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| Part III | Schedule D (Form 990) 2009 FLORIDA K | EYS CHILDRENS | SHELTER, | INC 59-26 | 5053 56 | Page 2 |
|--|--|---|---|---|---------------------------------------|---------------------------------------|
| Public control fibral (page 2) Control (page 2) | Part III Organizations Maintaining | Collections of Art, I | listorical Treas | sures, <mark>or Other</mark> | Similar Assets | (continued) |
| Public exhibition | 3 Using the organization's acquisition, accessis | on, and other records, chec | k any of the followir | ng that are a signific | ant use of its | |
| Scholarly research Other | collection items (check all that apply): | | | | | |
| c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parx XIV. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other almilar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? VI, line 9, or reported an amount on Form 990, Part XIV. 1 In 9, or reported an amount on Form 990, Part XIV and complete if the organization answered "Yes" to Form 990, Part XIV included on Form 990, Part XIV and complete the following table: Amount 1 Part XIV and complete the following table: Amount 1 Part XIV and complete the following table: Amount 1 Description of the agent and the arrangement in Part XIV and complete the following table: 1 Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Provide a destinate of excellent the arrangement in Part XIV. 2 Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 3 Deginning of year balance 4 Decembrations of the organization answered "Yes" to Form 990, Part IV, line 10. 4 Provide a destinate operation and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the organization and the part XIV. 5 Definition of the part XIV be an organization and the part XIV. 5 Definition organization and the part XIV. 5 Definition organization and | — | d Loan o | r exchange program | าร | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Park IV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to take funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. Inc. 9, or reported an amount on Form 990, Part X, line 21. IV. | | e Other | | | | |
| Part XV. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be mainlained as part of the organization answered "Yes" to Form 990, Part XIV. Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV. line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV. b If Yes, "explain the arrangement in Part XIV and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Both distinctions during the year 1 Ending balance 1 C Arround 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217. b If Yes, "explain the arrangement in Part XIV. Part XV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 5 Do 000 5 Do 000 5 Do 000 5 Do 000 C Not investment earnings, gains, and losses If Administrative expenses C Not investment earnings, gains, and losses Grants or scholarships C Other expenditures for facilities and programs If Administrative expenses Permanent endowment \(\) % C Term endowment \(\) | c Preservation for future generations | | | | | |
| ## Section of the funds rather than to be maintained as part of the organization's collection? Pair IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21: Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X In California during the year | 4 Provide a description of the organization's co Part XIV. | llections and explain how th | ney further the orga | nization's exempt p | u rpose in | |
| Part IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. line 9, or reported an amount on Form 990, Part X, line 21. a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV. Yes No If Yes, explain the arrangement in Part XIV and complete the following table: C | 5 During the year, did the organization solicit or assets to be sold to raise funds rather than to | r receive donations of art, he be maintained as part of the | istorical treasures, a | or other similar | | ☐ Yes ☐ No. |
| IV, line 9, or reported an amount on Form 990, Part X, line 21: Comparison of the presentation and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/? Comparison of the presentation of the organization of the organi | Part IV Escrow and Custodial Arra | angements. Complet | e if the organiza | ation answered | "Yes" to Form | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table: | IV, line 9, or reported an ar | mount on Form 990, F | Part X, line 21. | | | |
| No if Yes,* explain the arrangement in Part XIV and complete the following table: Description of the programment of the pr | | | | er assets not | | |
| Test Separation Part XIV and complete the following tables | included on Form 990, Part X? | | | | | Yes No |
| C Beginning balance | b If "Yes," explain the arrangement in Part XIV | and complete the following | table: | | • • • • • • • • • • • • • • • • • • • | . Ц Ц |
| d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e | | | | | | Amount |
| d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e | c Beginning balance | | | | 10 | |
| Ending balance Tyes, "explain the arrangement in Part XIV. Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. | d Additions during the year | | | | 14 | |
| Fliding balance | e Distributions during the year | **************** | | ************** | 10 | |
| 2a Did the organization include an amount on Form 990, Part X, line 217 | f Ending balance | * * * * | * | | 1f | |
| Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Reginning of year balance | 2a Did the organization include an amount on Fr | orm 990 Part X line 217 | | | <u>L</u> | T van T van |
| Pair Pair Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. | b If "Yes." explain the arrangement in Part XIV | THE COUNTY OF THE PARTY OF THE | ******* | ************** | * * | . Li tes Li No |
| (a) Curret year (b) Prior years back (d) Three years back (e) Four years back to Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Contributions (f) Administrative expenses (f) Contributions (f) Administrative expenses (f) Contributions (f) Administrative expenses (f) Administr | | | swered "Yes" t | o Form 990 Pa | ert IV line 10 | |
| 1a Beginning of year balance | | | | | | (a) Four years heek |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs and programs and programs g End of year balance 50,000 50,000 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % 3a Are there endowment ▶ % 3a Are there endowment Implications in the possession of the organization that are held and administered for the organization by: (ii) related organizations (iii) related organizations iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIV the Intended uses of the organization's endowment funds. 1a Land b Buildings 931,571 462,569 469,002 c Leasehold improvements 9296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other 10 Contributions 11 272,183 215,240 56,943 | 1a Beginning of year balance | | | | (c) mad jours duc | (o) i oui yana ouux |
| C Net investment earnings, gains, and losses | | | 50,000 | | - | - |
| and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ | c Net investment earnings uping | | | ************************************** | | distance of the same |
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| f Administrative expenses g End of year balance 50,000 50,000 2 Provide the estimated percentage of the year and balance held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % (it) unrelated organization by: (i) unrelated organizations 3a(i) | • | | | | | |
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| b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes* to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI: Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings 931,571 462,569 469,002 c Leasehold improvements 296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other Other | | | | | | |
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| (ii) unrelated organizations (iii) related organizations 3a(i) X b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI: Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 931,571 462,569 469,002 b Buildings 931,571 462,569 469,002 c Leasehold improvements 296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other 272,183 215,240 56,943 | | ision of the organization the | it are held and adm | Inistered for the | | |
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| b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the Intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation | | | | | | |
| Describe in Part XIV the Intended uses of the organization's endowment funds. Part XIV the Intended uses of the organization's endowment funds. Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. | | | | | | |
| Description of investments | | | | | | 3b |
| Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | | | | 2 2 1 1 2 1 1 | | |
| (investment) basis (other) depreciation 1a Land 931,571 462,569 469,002 c Leasehold improvements 296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other 272,183 215,240 56,943 | | | T | | | |
| b Buildings 931,571 462,569 469,002 c Leasehold improvements 296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other 272,183 215,240 56,943 | Description of investment | 1 | 1 ' | 1 | | (d) Book value |
| c Leasehold improvements 296,847 56,949 239,898 d Equipment 73,386 35,932 37,454 e Other 272,183 215,240 56,943 | ************************* | | | | 14 | |
| d Equipment 73,386 35,932 37,454 e Other 272,183 215,240 56,943 | b Buildings | | | | | |
| e Other 272,183 215,240 56,943 | c Leasehold improvements | | | | 56,949 | 23 9 ,898 |
| e Other 272,183 215,240 56,943 | d Equipment | | 73 | , 386 | 35,932 | 37,454 |
| | e Other | | | | 215,240 | |
| | Total. Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part X, colu | mn (B), line 10(c).) | | | |

| | 00, Part X, line 12. | C 59-2605356 Page 3 |
|---|---|----------------------------------|
| (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| (including name of security) | | Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments—Program Related. See Form 9 | 90. Part X line 13 | |
| (a) Description of Investment type | (b) Book value | (c) Method of valuation: |
| | | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | |
| (a) Description | | (b) Book value |
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| Part X Other Liabilities. See Form 990, Part X, line 2 | · · · · · · · · · · · · · · · · · · · | |
| Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability | 25. (b) Amount | |
| Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability | · · · · · · · · · · · · · · · · · · · | ▶ |
| Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability | · · · · · · · · · · · · · · · · · · · | |
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| Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability | · · · · · · · · · · · · · · · · · · · | ▶ |
| Part X: Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability Federal income taxes | · · · · · · · · · · · · · · · · · · · | |
| Part X Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability | (b) Amount | |

| - | ule D (Form 990) 2009 FLORIDA KEYS CHILDRENS SHELTE | | | *************************************** | Page 4 |
|---------------|--|---------------------------------|---|---|-----------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | | | | 1 001 440 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | · · · · · · · · · · · · · · · · | | 1 | 1,801,448 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 1,773,941 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | ····· | 3 | 27,507 |
| 4 | Net unrealized gains (losses) on investments | | | 4 | 13,515 |
| 5 | Donated services and use of facilities | | ******** | 5 | |
| 6 | Investment expenses | | ******** | 6 | |
| 7 | Prior period adjustments | | | 7 | |
| 8 | Other (Describe in Part XIV.) | | | 8 | 30 F1F |
| 9 | Total adjustments (net). Add lines 4 through 8 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 9 | 13,515 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | | 10 | 41,022 |
| When the same | rt XII Reconciliation of Revenue per Audited Financial Stateme | | | | 1 001 000 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,891,803 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 (| | 0333 | |
| 3 | Net unrealized gains on investments | 2a | 13,515 | | |
| b | Donated services and use of facilities | 2b | 76,840 | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | ***** | 2e | 90,355 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,801,448 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| C | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) | | | 5 | 1,801,448 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statem | ents Witl | h Expenses per F | Return | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,850,781 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 76,840 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| æ | Add lines 2a through 2d | | | 28 | 76,840 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,773,941 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| ь | Other (Describe in Part XIV.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,773,941 |
| | n XIV Supplemental Information | | | 10 | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I | ines 1a and | 4; Part IV, lines 1b | | |
| | b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, II | | | | |
| | art to provide any additional information. | | | | |
| | art XIV - Supplemental Financial Information | on | | | |
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| _ P | rovide_unrestricted_revenue_for_daily_opera | <u>rcrous</u> | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 68.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

| Name of the organization FLORIDA KEYS CHII | LDRENS SHE | LTER | .] | INC | Employer identif | |
|--|--|---|-------------------------|---|--|---|
| Part I Fundraising Activities. Complete Form 990-EZ filers are not require | e if the organiza | tion a | ารพ | | | |
| Indicate whether the organization raised funds through | ```````````````````````````````` | | | Check all that apply. | | |
| a Mail solicitations | | _ | | ernment grants | | |
| | | | | | | |
| b Internet and email solicitations | 1 | | | ent grants | | |
| c Phone solicitations | g Special fu | ındraisin | g ev | ents | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent | t with any individual ity in connection with | (includii h profes | ng of f siona | ficers, directors, trustee I fundraising services? | es | Yes No |
| b If "Yes," list the ten highest paid individuals or entitie to be compensated at least \$5,000 by the organization | s (fundraisers) purst | | | | | hamayadi kurusudi |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | (III) Did raiser custor contro | have ly or d of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vl) Amount paid to (or retained by) organization |
| | | Yes | | | ω, (i) | |
| | | 163 | 140 | | | |
| | | + | | | | |
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| Total | | ***** | > | | | |
| 3 List all states in which the organization is registered of registration or licensing. | or licensed to solicit | funds o | has | been notified it is exen | npt from | |
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| | | * * * * * * * * | | *************** | | |



| F | art | | vents. Complete if the organical complete in | anization answered "Yes" 6a List events with gross | to Form 990. Part IV. | line 18, or reported |
|-----------------|----------|---|--|--|---|--|
| 9 | | | (a) Event #1 FORMAL FUNCTION (event type) | (b) Event #2 | (c) Other events None (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 2 | Gross receipts Less: Charitable contributions | 38,022 | | | 38,022 |
| | 3 | Gross revenue (line 1 minus line 2) | 38,022 | | | 38,022 |
| | 4 | Cash prizes | | 4-8-30-0 | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | 4.000 | |
| Direct Expenses | 7 | Food and beverages | A-1717/1000 | | | |
| ā | 8 | Entertainment | | The state of the s | | |
| | 9 | Other direct expenses | 21,442 | | ************************************** | 21,442 |
| | 10 11 | Direct expense summary Net income summary, C | y. Add lines 4 through 9 in column (ombine line 3, column (d), and line | (d) 10 | • • • • • • • • • • • • • • • • • • • | 21,442 16,580 |
| P | art I | II Gaming. Com than \$15,000 c | ombine line 3, column (d), and line plete if the organization and on Form 990-EZ, line 6a. | swered "Yes" to Form 990 | , Part IV, line 19, or re | eported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col (c)) |
| Se. | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| ect Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes % | |
| | 7 | Direct expense summary | . Add lines 2 through 5 in column (| d) | | |
| | 8 | Net gaming income summ | mary. Combine line 1, column d, ar | nd line 7 | > | |
| 9 | Ent | er the state(s) in which the | e organization operates gaming ac | tivities: | | Yes No |
| a b | IS TI | ne organization licensed to Vo,* Explain: | o operate gaming activities in each | of these states? | ****** | · · · 9a - |
| | | 4 | | | * | |
| 0a b | | re any of the organization' 'es," Explain: | 's gaming licenses revoked, suspe | nded or terminated during the tax | year? | 10a |
| | | | *********** * | | | |
| 1 | | | e gaming activities with nonmembe | | K C F > 1 8 5 F 6 F 6 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F | |
| 2 | | - | beneficiary or trustee of a trust or a le gaming? | · | | 12 |

| sche | dule G (Form 990 or 990-EZ) 2009 FLORIDA KEYS CHILDRENS SHELTER, INC 59-26053 | 56 | P | age 3 |
|------|---|-----|-------|----------|
| | | | Yes | No |
| 13 | Indicate the percentage of garning activity operated in: | * | | |
| 8 | The organization's facility 13a % | | | |
| þ | An outside facility 13b % | | | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books | | 300 | |
| | and records: | | | |
| | Name > | | | |
| | Address > | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | | |
| L | revenue? | 15a | 400.4 | - |
| D | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the | | | |
| _ | amount of gaming revenue retained by the third party > \$ | | | |
| Ç | If "Yes," enter name and address of the third party: | | | |
| | Name > | | | |
| | | | | 200 |
| | Address • | | | |
| 16 | Gaming manager information: | | | |
| | | 180 | | |
| | Name ► | | | . |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | | | | |
| | Director/officer Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | 2 |
| | retain the state gaming license? | 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | | |
| | in the organization's own exempt activities during the tax year > \$ |] | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FLORIDA KEYS CHILDRENS SHELTER, INC

Employer Identification number 59-2605356

| Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members yes |
|---|
| Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 |
| Tax return form 990 given to the auditing committee who compares the return |
| to the audited financial statements before filing the retrun with the |
| Internal Revenue Service |
| |
| Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy |
| Policy is reveiwed annually with all key employees and board members |
| |
| Form 990, Part VI, Line 15a - Compensation Process for Top Official |
| yes |
| Form 990, Part VI, Line 15b - Compensation Process for Officers |
| The president and all key employees salaries are reviewed and approved by |
| the board of directors annually |
| |
| Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation |
| Governing documnets avaiable on the Organization's website |
| |
| |
| |
| , |
| |

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No. 67 ► See separate instructions. Attach to your tax return. Name(s) shown on return Identifying number FLORIDA KEYS CHILDRENS SHELTER, INC 59-2605356 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 Reduction In limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar fimitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 [7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part # Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than ilsted property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) . 16 58,555 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (a) Depreciation deduction period only-see instructions) 198 3 year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 vrs. S/L Residential rental SA 27.5 yrs. MM property 27,5 yrs. MM S/L Nonresidential real MM 39 yrs. SA property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life SA b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 58,555 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2009)

For Paperwork Reduction Act Notice, see separate Instructions.



In reply refer to: 0248164828 Mar. 01, 2011 LTR 4168C E0 59-2605356 000000 00

00016385

BODC: TE

FLORIDA KEYS CHILDRENS SHELTER INC 73 HIGH POINT RD TAVERNIER FL 33070-2005



019662

Employer Identification Number: 59-2605356
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 17, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164828 Mar. 01, 2011 LTR 4168C E0 59-2605356 000000 00 00016386

FLORIDA KEYS CHILDRENS SHELTER INC 73 HIGH POINT RD TAVERNIER FL 33070-2005

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

2010 / 2011 MONROE COUNTY BUSINESS TAX RECEIPT EXPIRES SEPTEMBER 30, 2011

RECEIPT# 47161-26253

Business Name: FLORIDA KEYS CHILDRENS SHELTER INC

Owner Name: FLORIDA KEYS CHILDRENS SHELTER

Mailing Address:73 HIGH POINT RD

TAVERNIER, FL 33070

Exemption:

003-22.00: NON PROFIT

Business Location: 73 HIGH POINT RD

TAVERNIER, FL 33070

Business Phone:

305-852-4246

Business Type:

MISCELLANEOUS SERVICE

(CHILDRENS SHELTER)

| | Rooms | Seats | Employ | yees l | Machines | Stalls |
|------------|--|-----------|-------------|---------------|-----------------|-------------------------------|
| | | | 0 | | / | |
| pro es a | The state of the s | Fo | r Vending E | Business Only | | and the second distriction of |
| Num | ber of Machines | | | Vending | Type: M | |
| Tax Amount | Transfer Fee | Sub-Total | Penalty | Prior Years | Collection Cost | Total Paid |
| | a since an early to a source of the source o | | | \$0.00 | | , |

PAID-103-09-00001662

07/12/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector PO Box 1129, Key West, FL 33041 THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.



Contracted Emergency Shelter Certificate of License Standard License

License Number: FKCS-0211-4000-89

Name: FLORIDA KEYS CHILDREN'S SHELTER, INC.

Address: 73 HIGH POINT ROAD

City/State/Zip: TAVERNIER, FL 33070

County: MONROE

Capacity: EIGHTEEN (18)

authorized in section 409.175 of the Florida Statutes, approves a Standard License to operate this Shelter. This The Department of Children and Families being satisfied that this Contracted Emergency Shelter is in substantial compliance with Chapter 65C-14, Florida Administrative Code, adopted by the Department and certificate is issued on the 1st day of February 2011 and expires on the 31st day of January 2012.

This license may be renewed, revoked, extended, withdrawn, for cause.

CIRCUIT ABMINISTRATOR

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SANITATION REPORTIFICATE!

Food Hygiene - Residential Group Home (Residential) - Full Service

44-48-00180 44-BID-1540911

> Permit Number: Audit Control:

Monroe 135.00 09/28/2010 10/01/2010

Amount Paid:

County:

Issue Date: Date Paid:

Permit Expires On:

09/30/2011

Food Restrictions:

Florida Keys Children's Shelter issued To:

73 High Point Rd

Tavernier, FL 33070

Florida Keys Childrens' Shelter Mailed To:

73 High Point Rd

Tavernier, FL 33070

Monroe County Health Departmen

Key West, FL 33040

ORIGINAL CUSTOMER (Non-Translerable) DISPLAY CENTIFICATE IN A CONSPICUOUS PLACE

1100 Simonton St., Ofc 242

Florida Keys Children's Shelter Personnel Policy and Procedure

| Title: Equal Employment Opportunity | Number: B.5 (COA HR 1.01) | Section: Employment | | | | |
|--|---------------------------|-----------------------|--|--|--|--|
| Date Issued: January 1995 | Date Reviewed: 12/24/07 | Date Revised: 1/02/08 | | | | |
| Amendment of the company of the comp | Approved By: | | | | | |
| President and Chief Executive Officer: | Chief Operating Officer: | Date of Approval: | | | | |

Purpose:

To ensure that the Organization shall recruit, hire, train, promote assign, transfer, lay off, and terminate employees based on their own abilities, achievement and experience free from discrimination based upon race, color, religion, sex, sexual orientation, age, national origin, marital status, disability, pregnancy or childbirth-related concerns, or veteran status and shall provide pay without respect to these factors.

Policy:

Discrimination of any form, by the Organization's employees, shall not be tolerated.

Procedure:

The Organization will base all decisions on employment so as to further the principle of equal employment opportunity. The Organization will ensure that promotion decisions are in accord with the principle of equal employment opportunity by imposing only valid requirements for promotional opportunities. All personnel actions such as compensation, benefits, transfers, layoff's, company-sponsored training, social and recreational programs will be administered free from discrimination based upon race, color, religion, sex, sexual orientation, age, national origin, marital status, disability, pregnancy or childbirth-related concerns, or veteran status.

In establishing this policy, the Organization recognizes the need to initiate and maintain affirmative personnel measures to ensure the achievement of equal employment opportunities in all aspects of our workplace settings, conditions and decisions. It shall be the responsibility of all employees to abide by and carry out the letter, spirit and intent of the Organization's equal employment commitment.

All personnel recruitment advertisements carry the statement "Equal Opportunity Employer."

At least every two years the Organization will review external information for shifts in county demographics and compare that information with the diversity within the Organization. (Census information becomes available every 10 years). The President and Chief Executive Officer is responsible for developing and implementing an equal opportunity employment plan. The President and Chief Executive Officer, with the Senior Management Team, will review the achievements and failures of the implementation process.



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE PROGRAM REPORT FOR

Florida Keys Children's Shelter Florida Keys Children's Shelter, Inc. (Contract Provider) 73 High Point Road Tavernier, Florida 33070

Review Date(s): December 14-16, 2010



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY IN JUVENILE JUSTICE PROGRAMS AND SERVICES



FRANK PETERMAN, JR., SECRETARY JEFF WENHOLD, BUREAU CHIEF

CINS/FINS Performance Rating Profile

Program Name: Florida Keys Children's Shelter Provider Name: Florida Keys Children's Shelter, Inc.

County/Circuit #: Monroe/Circuit 16
Review Date(s): December 14-16, 2010

QA Program Code: 575 Contract Number: V2021 Number of Beds/Slots: 6 Lead Reviewer Code: 50

Program Performance by Indicator/Standard

| 1. Management Accountability | | | | |
|------------------------------|--|----|--|--|
| 1.01 | Background Screening of Employees/Vol. | 10 | | |
| 1.02 | Provision of an Abuse Free Environment | 7 | | |
| 1.03 | Incident Reporting | 7 | | |
| 1.04 | Training Requirements | 10 | | |
| 1.05 | Interagency Agreements and Outreach | 10 | | |
| 1.06 | Disaster Planning | 10 | | |

Exceptional 90%

| 3. Shelter Care/Health Services | | | | |
|---------------------------------|-------------------------------------|-----|--|--|
| 3.01 | Shelter Care Requirements | 7 | | |
| 3.02 | Healthcare Admission Screening | 8 | | |
| 3.03 | Suicide Prevention | 7 | | |
| 3.04 | Medications | 5 | | |
| 3.05 | Medical/Mental Health Alert Process | 7 | | |
| 3.06 | Episodic/Emergency Care | 8 | | |
| | Acceptable | 70% | | |

| 2. Intervention and Case Management | | | | | |
|-------------------------------------|--------------------------------------|----|--|--|--|
| 2.01 | Screening and Intake | 7 | | | |
| 2.02 | Psychosocial Assessment | 10 | | | |
| 2.03 | Case/Service Plan | 10 | | | |
| 2.04 | Case Management and Service Delivery | 7 | | | |
| 2.05 | Counseling Services | 7 | | | |
| 2.06 | Adjudication/Petition Process | 7 | | | |

Commendable 80%

| Standard | Program Score | Max. Score | Rating | Failed 0-59% | Minimal 60-69% | | Commendable 80-89% | Exceptional 90-100% |
|-------------------------------------|------------------|---------------|--------|-----------------|-------------------|---|-----------------------|------------------------|
| Management Accountability | 54 | 60 | 90% | | | | | X |
| 2. Intervention and Case Management | 48 | 60 | 80% | | | | × | |
| 3. Shelter Care/Health Services | 42 | 60 | 70% | | | x | |) VI |

Overall Program Performance

Commendable 80%

Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2010).

| | Persons Interviewed | SHE WILL SHE SHE | | |
|--|---|--|--|--|
| ☑ Program Director☑ DJJ Monitor☐ DHA or designee☐ DMHA or designee | 1 # Case Managers 1 # Clinical Staff 1 # Food Service Personnel 3 # Healthcare Staff | # Maintenance Personnel 2 # Program Supervisors # Other (listed by title): | | |
| 自然 | Documents Reviewed | (株員) 建建筑 | | |
| | ☑ Fire Prevention Plan ☑ Grievance Process/Records ☐ Key Control Log ☑ Logbooks ☑ Medical and Mental Health Alerts ☐ PAR Reports ☐ Precautionary Observation Logs ☑ Program Schedules ☐ Sick Call Logs ☐ Supplemental Contracts ☑ Table of Organization ☐ Telephone Logs | ○ Vehicle Inspection Reports ○ Visitation Logs ○ Youth Handbook ○ # Health Records ○ # MH/SA Records 11 # Personnel Records 6 # Training Records/CORE 4 # Youth Records (Closed) 6 # Youth Records (Open) ○ # Other: | | |
| | Surveys | | | |
| <u>5</u> # Youth | <u>€</u> # Direct Care Staff | # Other: | | |
| The Part of the Pa | Observations During Review | | | |
| □ Admissions □ Confinement ☒ Facility and Grounds ☒ First Aid Kit(s) □ Group □ Meals ☒ Medical Clinic □ Medication Administration | ☑ Posting of Abuse Hotline ☑ Program Activities ☑ Recreation ☐ Searches ☐ Security Video Tapes ☐ Sick Call ☑ Social Skill Modeling by Staff ☑ Staff Interactions with Youth | Staff Supervision of Youth Tool Inventory and Storage Toxic Item Inventory and Storage Transition/Exit Conferences Treatment Team Meetings Use of Mechanical Restraints Youth Movement and Counts | | |
| Comments | | | | |

Items not marked were either not applicable or not available for review.

Performance Ratings

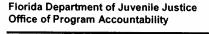
Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

| Exceptional (10) | The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent. |
|------------------|--|
| Commendable (8) | The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements. |
| Acceptable (7) | The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements. |
| Minimal (5) | The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements. |
| Failed (0) | The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth. |

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Gabriel Medina, Lead Reviewer, DJJ Bureau of Quality Assurance Shandria Striggles, Review Specialist, DJJ Bureau of Quality Assurance Jan-Paul Mojica, Residential Services Manager, Lutheran Services of Florida, Inc.



Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at http://www.dij.state.fl.us/QA/index.html.

Standard 1: Management Accountability



Overview

The Florida Keys Children's Shelter, Inc., is a non-profit community-based corporation subcontracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary Children In Need of Services/Families In Need of Services (CINS/FINS) residential and non-residential services to youth and families in the Florida Keys of Monroe County. The agency provides a full range of services designed to preserve the unity and integrity of the family and to prevent and reduce the number of children that enter the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). The agency manages the Florida Keys Children's Shelter that is located at the Tavernier's Jelsema Center, at the northend of Monroe County next to the Tavernier Government Center. The program is located in a geographic area highly prone to hurricane concerns, high cost of living, and very limited labor pool available, particularly male staff to cover each shift. The building houses the temporary shelter located on the first floor of the building, and the agency's administrative offices, located on the second floor. The shelter provided separate female and male dormitories to children ages ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The program had a Senior Management team that is comprised of the President/Chief Executive Officer, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), the Chief Learning and Evaluation Officer (CLE), and the Chief Development Officer (CDO). In addition, the program had a Counseling Services Coordinator and a Residential Coordinator. There were no staff vacancies at the time of the review. The President/Executive Director oversees the activities of both the residential and the nonresidential areas of the program. The agency also had two residential programs (Poinciana One and Poinciana Two). In addition, two of the of program's non-residential counselors worked out of local schools in Key West. The program also had a non-residential Community Based Counselor Program that provided prevention services to youth in the county utilizing several schools as the base of operations in their respective communities. The program had an Annual Training Plan for all staff and all employees received ongoing training from several agencies, including the Florida Network. The program maintained valuable interagency agreements with several agencies that ensured a continuum of services for the youth and families. The program had a strong outreach component, with participation of all program staff, with emphasis on the designated high crime zip coded areas. The program had a sevenmember Board of Directors with representatives from the upper keys, the middle keys and the lower keys, to oversee the agency's goals, objectives and activities.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

 The program conducts quarterly local background checks with the Monroe County Sheriff's Office of all employees.

1.02: Provision of an Abuse Free Environment

Acceptable (7)

 Two of the youth surveyed stated that they occasionally hear staff using profanity when speaking with them or other youth.

1.03: Incident Reporting

Acceptable (7)

• A review of the Central Communication Center (CCC) reports found that there was one incident not called in within the required time frame.

1.04: Training Requirements

Exceptional (10)

 A review of first-year training requirements and annual training requirements found that all staff completed the required trainings and exceeded the minimum training hours.

1.05: Interagency Agreements and Outreach

Exceptional (10)

- The program had twelve current interagency agreements in place with health, mental health and substance abuse providers, other child-serving agencies, local law enforcement, the Monroe County 16th Judicial Circuit, and other CINS/FINS agencies, to enhance planning efforts to the youth and families, and to ensure that services to children continue in an emergency.
- The program had a Target Plan for Fiscal Year 2010-2011 that covered targeted outreach, distribution of the program publications and CINS/FINS materials and informal pamphlets in English, Spanish and Creole versions, work with local media, public speaking, and community needs assessments.
- The program completed eighty-five outreach related activities from June 2010 to November 2010, with the participation of the program's residential staff and the Community Based Counselors (CBCs). The activities completed were designed to make the public aware of the program's services available, forging relationships with the community, schools and other organizations, strengthen families, reduce youth barriers to success, offer youth skills and opportunities.
- As part of the Project Inspiration, several marine artists painted murals in seven of the youth's bedrooms, highly improving the quality of the shelter by creating a great therapeutic/cultural environment, and increasing community awareness.

1.06: Disaster Planning

Exceptional (10)

- The program conducts monthly disaster and emergency drills with the staff and youth.
- Staff received quarterly training on the program's Disaster Plan.

Standard 2: Intervention and Case Management



Overview

The program provides twenty-four hours per day; seven days per week telephone access to its services, and had an extensive list of agencies where a youth and/or family can be referred. The program accepts referrals from all sources. The program provided youth/family with counseling support and an opportunity to discuss difficult issues with the goals of family reunification and/or appropriate placement. For ineligible youth or families, consultation is provided recommending other appropriate community services providers. The program screened all the face-to-face/incoming calls prior to or upon the youth admission to the residential or the community-based programs. The program's Counseling Services Coordinator, the Shelter Program Coordinator, the residential staff, and the community based counselors are primarily responsible for the screening, intake and assessment services at the program. Each youth at the program had an initial eligibility screening, a Comprehensive/Psychosocial Assessment and a Service Plan completed. When applicable, the program completed a Substance Abuse Subtle Screening Inventory (SASSI-A2). In addition, the program completed case staffing meetings for any youth/family in need of services or treatment.

2.01: Screening and Intake

Acceptable (7)

A review of the non-residential files found that there was no indication to support that the
parents/guardians received the Parent's Brochure outlining the youth rights and
responsibilities and the parents/guardians rights.

2.02: Psychosocial Assessment

Exceptional (10)

 The program completed a Substance Abuse Subtle Screening Inventory (SASSI-A2) on all applicable residential and non-residential youth.

2.03: Case/Service Plan

Exceptional (10)

 The program reviewed every case/service plan every fourteen days instead of every thirty days.

2.04: Case Managment and Service Delivery

Acceptable (7)

 There was no indication to support that the program was addressing or if a referral was made for a youth diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

- There was limited documentation to determine the youth's progress in relationship to his substance abuse goals as outlined on his Case Service Plan.
- One residential youth file found that the youth did not receive the required group sessions within a one-week period of time.

2.06: Adjudication/Petition Process

Acceptable (7)

 In two of the applicable youth closed files reviewed there was no clear indication to support that all the representatives in the case staffing committee received the meeting's notice.

Standard 3: Shelter Care/Health Services



Overview

The Florida Keys Children Shelter opened in 1989. The shelter had a Residential Coordinator, responsible for the temporary shelter services. The shelter is an eighteen-bed facility that received youth from the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). In addition, the program received youth from the Department of Health and Human Services through a Basic Center Grant for placement. The shelter consists of two game/recreation rooms, a large day room/dining hall, dormitory, kitchen, laundry room, staff offices and a conference room. The shelter was found to be in good condition and the furnishings in good repair. The dormitory, restrooms and common areas were clean. The dormitory is divided into two separate areas, one for the boys and one for the girls. The sleeping rooms house two youth each with an individual bed, bed covering and pillows. In addition, the youth have access to the game/recreation room, and basketball court. The Counseling Services Coordinator/CINS/FINS Counselor is a Licensed Clinical Social Worker (LCSW)/Certified Addictions Professional (CAP). Services provided include individual, group and/or family counseling, and any other applicable intervention required. The youth admitted to the program are screened using the Network Management Information System (NETMIS) Youth Screening Form, the CINS/FINS Intake Form, a brief FAM (Family) General Scale or Teen Screen, and a Substance Abuse Subtle Screening Inventory (SASSI), when applicable. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form or if the staff member's observations of the youth's behavior would indicate any area of concern, the Suicide Probability Scale (SPS) is completed. When the Suicide Risk Assessment is required, it is completed by either a non-licensed counselor or the licensed mental health professional. A medical and mental health alert system is in place and the shelter staff that administers medications have been trained in the dispensing of medications.

3.01: Shelter Care Requirements

Acceptable (7)

- Three grievances that were forwarded to the Program Coordinator to be addressed did not include documentation to support whether the youth agreed with or did not agree with the resolution.
- There were bed checks documented exactly every ten minutes in the logbook, which do not appear to have been conducted in real time.

3.02: Healthcare Admission Screening

Commendable (8)

The program consistently met all requirements for this indicator without exception.

3.03: Suicide Prevention

Acceptable (7)

- In one file reviewed, the youth was placed on sight and sound supervision; however, there was no documentation of the ten-minute checks.
- In one file reviewed, the youth did not have a "Client Safety Agreement Form".

3.04: Medications

Minimal (5)

- In two files reviewed, the Medication Distribution Record (MDR) did not contain the youth's Department of Juvenile Justice (DJJ) identification number.
- In two files reviewed, there were several instances when medications were not administered as required. The program's practice was document "codes" as to why the youth did not receive the medication; however, this was not a consistent practice.
- Review of the sharps log found that scissors and finger nail clippers were being
 inventoried monthly; however, these items are to be inventoried weekly per the Health
 Services Manual.

3.05: Medical/Mental Health Alert Process

Acceptable (7)

 In one file reviewed, the youth was to be placed on a special diet of soft foods and liquids; however, the program's alert log or the youth's file did not contain the appropriate alert code.

3.06: Episodic/Emergency Care

Commendable (8)

The program consistently met all requirements for this indicator without exception.

Overall Program Performance Commendable 80% Minimal Acceptable Commendable

Failed

Exceptional

Speech Given by Marina Kay Wiatt, Florida keys Children's Shelter Youth Board Member on March 5th at the Island Christian School Soup-a-Bowl Event:

Good evening and thank you for coming and supporting this worthy cause. My name is Marina Kay Wiatt and I am a PeaceJam board member from the middle keys and the student representative on the Florida Keys Children's Shelter Board of Directors. I have this joke that when people ask me why I participate on these boards I simply say "I am saving the world." This may be an exaggeration but it helps motivate me and one person definitely can make a difference in the world as people like Gandhi, Nelson Mandela, and Shirin Ebadi, prove. I may not be a super hero or a Nobel Peace Prize winner but I am taking steps to better our planet and if everyone took just one step imagine the lengths we could go.

Before the opportunity to serve on the FKCS board came about, I had no idea we even had a children's shelter in the keys. This is information we place in the back of our mind and think 'oh someone else is taking care of that'. Now I have learned so much about this place where newborns, children, and teens can call home when there is no where else to go. I can't imagine what it would be like to be abandoned, neglected, abused, or homeless at this stage in my life but I know I would be thankful for the existence of the shelter to help put me back on my feet.

Last year the shelter served 754 local youth. This ranged from counseling to residency. 142 of these clients were served by the emergency shelter in Tavernier and group home in Key West for abused and neglected children. Project Lighthouse in Key West is another program of the shelter and last year the program helped 461 runaway and homeless teens get their life back on tack.

The privacy policy that must be followed makes creating awareness difficult. The shelter cannot showcase who they are helping which can cause them to stay off the radar. We as a community need to stay aware that the problem exists and not expect anyone else to take care of it. This awareness is the first step, next is coming to great events like the one we are at today and supporting youth who are taking steps to help other youth in our community.

Thank you all again for coming and especially thank you to the Peace Jammers from the Upper Keys who initiated this event and the Inspiring New Change club from ICS. Keep saving the world everybody!